

Ministry of Health

Spiritual Health

A Framework for British Columbia's Spiritual Health Professionals

Spiritual Health Working Group
7/25/2012

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Executive Summary

Spiritual health care is an aspect of health care that focuses on addressing spiritual and religious needs that arise in response to an illness or injury. Spiritual health care is also applicable in situations involving upheaval, moral distress and natural disaster. Spiritual health professionals (SHP) operate throughout the continuum of care, in such places as acute care hospitals, palliative units and residential care homes. They tend to the multicultural and multifaith needs of BC's pluralistic population, as well as liaising with local communities and building rapport with their local faith leaders. Spiritual health has a long history and was established at the inception of some of BC's first hospitals. The formalization of spiritual health education occurred in Canada in the 1960s, and a number of BC's hospitals have clinical training programs designed to teach core competencies to SHPs.

The spiritual health infrastructure is currently inconsistent throughout the province with qualifications and staff complements varying considerably. Some acute care facilities require a master's degree and clinically certified specialists, while others employ local clergy with no clinical training or spiritual health education. In most areas, SHPs utilize volunteers or visitors from local denominational and faith groups to augment services with faith-specific care.

The BC health care system utilizes both regulated and non-regulated care providers. SHPs are integral members within health care teams; however, they are not defined in the existing *Health Professions Act*. Consequently, at the present time, there is no regulatory body, nor statute, that guides educational requirements. The Minister of Health has therefore requested that a consistent standard be established and implemented for those employed in spiritual health roles.

In response to the Minister of Health's request, a working group was formed comprised of individuals from the Ministry of Health, BC Chapter of the Canadian Association of Spiritual Care (CASC), health authorities, Denominational Health Association, Health Employers Association of BC (HEABC), and others (see Appendix A - Working Group Members). The Spiritual Health Working Group is to provide advice and recommendations to the Minister of Health by defining a framework that identifies the role, competencies, education, qualifications and supports that will facilitate the recognition of spiritual health as an important component of an individual's overall health in BC's health care system, as well as provides advice to address employees currently within the system that do not meet the new standards.

Recommendations:

1. **Education:** Relevant master's degree or equivalent
2. **Other Qualifications, including experience:**

Spiritual Health Practitioner (entry level - direct health care providers): One advanced unit of Clinical Pastoral Education (CPE) or equivalency, and consistently able to demonstrate the CASC core competencies.

Spiritual Health Leader (coordinator/supervisory role): Two advanced units of CPE or equivalency and eligibility for certification with a recognized provider of CPE, proficiently able to demonstrate the CASC core competencies, and four years of practitioner experience.

Spiritual Health Clinical Educator: Certification as CPE educator with a recognized provider of CPE, proficiently able to demonstrate the CASC core competencies, and four years of practitioner experience.

3. **Competencies:** Adoption of the 2011 CASC Competencies for Spiritual Care and Counseling Specialist as the foundation to support identified core competencies required for roles/functions.
4. **Competency Assessment/Proficiency Scale:** Adopt a six level scale that ranges from unable to demonstrate the competency to mastery of the competency. The recommended level for Spiritual Health Practitioners (Practitioners) is: consistent to proficient level for all core competencies; and the recommended level for Spiritual Health Leaders (Leaders) and Spiritual Health Clinical Educators (Clinical Educators) is: proficient to mastery level for all core competencies
5. **Addressing Current Staff Qualifications:** Existing staff that do not currently meet the new standard should be grand-parented into their current position.
6. **Addressing Recruitment Options:** Where applicants do not meet the standard (eg; difficult to fill positions in rural/remote locations) employers should rely more heavily on applicant's equivalencies and related experiences to determine who is best suited, and factor in the level of education, experience and equivalencies to determine where an individual is placed in the salary range. Where appropriate, incorporate other options, such as training to support candidates to become fully qualified.
7. **Applicability of the Framework:** The framework should be considered for all spiritual health positions within BC, but there is recognition that there is no structure to enforce the qualification standard in health authority contracted facilities. At minimum, the framework must be utilized in acute care facilities, hospice facilities and health authority owned and operated residential care homes.
8. **Job Titles:** Standardized job titles should be created that easily identifies the role and eliminates confusion regarding a religious basis that some job titles cause (e.g., chaplain). The recommended standardized position titles are as follows: Spiritual Health Practitioner, Spiritual Health Leader and Spiritual Health Clinical Educator.
9. **Advisory Council:** Develop a Spiritual Health Advisory Council which has the expertise and ability to engage the complex issues related to providing spiritual health in the public context, and to

effectively support employers' implementation of the new framework and address other spiritual health issues arising.

Spiritual Health - Canadian Overview

A jurisdictional scan of the different health regions within Canada and BC was completed to compare qualification requirements (see Appendix B - Jurisdictional Qualification Comparisons across Canadian Provinces and BC Health Authorities).

The CASC is the primary organization in Canada that delivers entry-level and continuing education for spiritual care. The CPE develops the professional's ability to achieve entry-level competencies. CPE is a clinically-based program with both practical experience and formal instruction from a CPE teaching supervisor.

The CASC developed a Competency Profile for Spiritual Care and Counseling Specialists which was approved by the CASC Board in 2011.

Manitoba is the only province in Canada that has produced a provincial level report outlining the core competencies and educational requirements for the spiritual health care profession. Manitoba Health chose to develop their own spiritual health core competencies extrapolated from the International Spiritual Care Collaborative. Additionally, Manitoba Health has established two groups: the Provincial Spiritual Care Advisory Committee and the Provincial Spiritual Health Management Network. The Provincial Spiritual Care Advisory Committee provides consultation, support and advice to Manitoba Health on spiritual care provincial planning and policy. The Provincial Spiritual Care Management Network is responsible for making recommendations regarding the provision of spiritual care services, competencies, policies, programs, training, development and evaluation to the Health Programs and Services Executive Network.

In New Brunswick, the Ministry of Health Spiritual Care Committee organizes educational opportunities, and is responsible for reviewing new or revised job descriptions to ensure that the competencies and educational requirements are consistent amongst health zones and authorities.

Alberta and Saskatchewan continue to work with standards of competency as they continue to further integrate and formalize spiritual care as a core service in health care.

Through a Memorandum of Agreement, Ontario has given the Ontario Multifaith Council responsibility to ensure adequate and appropriate spiritual care for persons in institutions and community-based agencies and programs, collaborate in the development of policies and standards which safeguard spiritual care and religious rights and practices, and provide a liaison between the faith groups of Ontario and the provincial government.

Across Canada, there is only one existing baccalaureate level divinity degree, the remaining divinity degrees are at the master's level. The jurisdictional scan determined that most provincial health regions require both a master's degree and at least one CPE unit to work as a spiritual health professional (SHP) (see Appendix B - Jurisdictional Qualification Comparisons across Canadian Provinces and BC Health Authorities).

Spiritual Health in BC

Spiritual health care has a long, rich history in BC and was seen as a very important component of health care during the inception of some of the first hospitals. Currently, SHPs are employed in health authorities in a variety of practice areas including acute care hospitals, palliative and hospice facilities and residential care homes. The infrastructure differs throughout the province with respect to both qualifications and staff complements. Some areas have a single SHP and other areas have a number of SHPs with a supervisor or leader role. In most areas, SHPs liaise with faith-based community visitors to augment services with faith-specific care (see Appendix C - Spiritual Health Role Definitions).

The BC health care system is comprised of both regulated and non-regulated health care providers. SHPs are integral members of health care teams; however, they are not designated in the existing *Health Professions Act*. Consequently, there is no regulatory body, nor statute, that guides educational requirements. The Minister of Health has requested that a consistent standard be established and implemented for those employed in spiritual health roles.

A review of existing job descriptions indicate that the role and duty requirements expected by health authorities regarding the type of health care services provided by SHPs is fundamentally the same (although the role is known by several different titles such as chaplain, spiritual care practitioner, spiritual care coordinator, etc). These roles and duty requirements align with the CASC, BC Region, Spiritual Care Scope of Practice (see Appendix D - Spiritual Health Scope of Practice). The key role commonalities include:

- Provide comprehensive spiritual health and emotional support services to patients, families, health care staff in a manner that is appropriate, according to their expressed wishes and respectful of religious and cultural diversity.
- Contribute to formal/informal consultation to staff and physicians on spiritual/religious care matters.
- Liaise with spiritual/religious/cultural groups in the community to facilitate provision of religious rites, rituals and services for clients requiring faith specific support (each health authority has its own unique stakeholder groups within its community).
- Provide leadership to spiritual health assistants and faith-based community visitors.

While the role of SHPs may be largely consistent across health authorities, the qualification requirements differ markedly. Typically, the educational requirements for front line health care professionals is a baccalaureate degree; for roles that involve program management or staff coordination, a master's level education is generally required.

The HEABC records show that 47percent of existing spiritual health positions require master's level degree; 24 percent of positions require a baccalaureate degree; 16 percent of positions require a mix of various qualifications such as "related diploma", or "two semesters of a BA", or "Counseling

Courses”; and the remaining 13 percent of the records have no credential identified. In the circumstances where no educational standard or credential is specified, the qualifications focused on related counseling or ministerial experience. This mix of qualifications illustrates the need for a provincial standard and the Minister of Health has requested that a consistent qualification and competency standard be implemented for SHPs in the BC health system (See Appendix E - Terms of Reference).

Spiritual Health – BC Framework

The Minister of Health delegated his Assistant Deputy Minister, Medical Services and Health Human Resources and the Executive Director, Health Human Resource Planning (Nursing and Allied Health Professionals) with the responsibility to form a working group that included representatives from the BC Chapter of the CASC, health authorities, HEABC, Denominational Health Association, and others (see Appendix A – Working Group Members). The working group was mandated to develop and recommend a BC provincial spiritual health framework to ensure a standardized approach to high quality spiritual health services being delivered in health authorities. Once the recommendations are approved, health authorities are expected to implement the framework, ensuring that it is utilized in acute care facilities, hospice facilities and health authority owned and operated residential care homes.

The following framework identifies the recommended vision, purpose, role, competencies, education, qualifications and supports that will facilitate the recognition of spiritual health as very important component of an individual’s overall health in BC’s health care system.

It is acknowledged that staffing models and the number of providers employed in facilities differs across the health authorities; however, for this framework, funding and staffing models were outside the scope of the working group. These are to be determined by the operational needs of each health authority.

Provincial Spiritual Health Framework

VISION

A health care system that recognizes and addresses the spiritual dimension of health (see Appendix F - Vision Aims)

PURPOSE

Spiritual health care provides therapeutic interventions across the continuum of care to individuals, families and staff to support and increase their ability to better manage their needs based on their individual strengths, values, beliefs and culture.

ROLE DESCRIPTION

There have been three roles identified for the profession of spiritual health in BC. It is expected that the higher level (leader/supervisor and educator) roles will encompass duties of the front line practitioner role (as outlined below). The following roles are not mandated; as each health authority will evaluate according to their unique operational needs.

Spiritual Health Practitioner (Practitioner): The Practitioner's role is to provide comprehensive spiritual care and emotional support to patients, families and health care staff in a manner that is appropriate to belief system and cultural diversity. They act as a liaison during crisis intervention and participate in an organization's clinical ethics discussions/reviews.

Additionally, the role requires one to act as a community liaison, which may include participation (with health authority leaders) in the coordination and supervision of spiritual health volunteers and visitors from various spiritual, religious and cultural groups. The Practitioner participates in orientation and facilitation of staff, community faith representatives and volunteers.

Spiritual Health Leader (Leader): In addition to the Practitioner's role, the Leader has additional roles and responsibilities, including educating, advising, supervising and/or managing spiritual health staff (which includes accountability for staff and professional development); reviewing and evaluating the spiritual care program effectiveness; and developing community collaboration. They may also participate in research, policy development and strategic planning.

Spiritual Health Clinical Educator (Clinical Educator): The Clinical Educator is responsible for the clinical education and supervision of spiritual health interns who are undertaking their CPE credits. Additionally, the Clinical Educator is responsible for establishing and maintaining a clinical program which meets the standards established by a recognized CPE credentialing organization. This role allows spiritual health students (that have the formal academic education) to obtain clinical experience in order to fulfill the competencies of a SHP. Clinical Educators will usually fulfill this role in conjunction with their role as a Leader, or less commonly, as a Practitioner.

EDUCATION

As there is no regulatory body, nor statute, that guides educational requirements, the health care system must consider equivalencies to any educational standard. While, typically, the educational requirements for front line professional staff is a baccalaureate degree, within Canada there is only one existing baccalaureate level divinity degree. All other recognized educational programs (eg; spirituality, theology, pastoral studies) are at the master's degree level.

Therefore, the recommended educational level is a master's degree (theology, pastoral studies, spirituality) or an equivalent combination of education and/or experience (see Appendix G – Educational Equivalencies).

QUALIFICATION STANDARDS

In addition to the relevant master's degree, SHPs will be required to have completed one or more advanced units of CPE or equivalencies (see Appendix H – Definition of Clinical Pastoral Education). The number of advanced units (or equivalency) required is dependent on the role.

Practitioner:

- One advanced unit of CPE or equivalency
- No minimum experience required

Leader:

- Two advanced units of CPE or equivalency
- Eligibility for certification with a recognized provider of CPE
- Four years experience as a provider of spiritual health

Clinical Educator:

- Certification by a recognized provider of CPE as an educator/teaching supervisor
- Four years experience as a provider of spiritual health

SPIRITUAL HEALTH CORE COMPETENCIES

The CASC developed a Competency Profile for Spiritual Care and Counseling Specialists¹ which was approved by its Board in 2011. This competency profile is regarded as relevant to BC and the working group has reviewed the competencies and identified those considered as core for SHPs. The identified competencies are relevant to all roles and functions; however, Leader and Clinical Educator require a higher level of proficiency based on the higher level functions those roles perform (see Appendix I – Spiritual Health Core Competencies for full competency details as related to roles and function).

High Level Competency Profile:

1. **Spiritual Assessment and Care:** Spiritual Assessment and Care are distinct but inter-related activities. Spiritual Assessment is an extensive, in-depth, ongoing process of actively listening to and summarizing a client's story, spiritual strengths, needs, hopes and coping strategies as they emerge over time. Spiritual care is the professional relationship established with a client that provides a framework for ongoing assessment and inter-professional interventions that help meet the wellness needs and goals of the client which includes:
 - a. Relational Approach
 - b. Assessment
 - c. Planning
 - d. Intervention
2. **Self-awareness:** Assesses the impact of one's own spirituality, beliefs, values, assumptions and power dynamics in relationships with clients.
3. **Spiritual and Personal Development:** Continues to develop and maintain personal and professional growth, awareness and self-understanding, and makes oneself appropriately accountable.
4. **Multi-Dimensional Communication:** Employs communication strategies that include active and attentive listening, awareness of the non-verbal, appropriateness and relevant content.
5. **Documentation and Charting:** Documents clinical assessments, interventions and referrals in a way that is understood by members of the inter-professional team. Keeps records and statistics in a timely manner, demonstrates clarity, skill and appropriate confidentiality in all paper/electronic correspondence.
6. **Brokering Diversity:** Understands, values, promotes diversity and inclusion, and advocates for equitable care. Provides care that takes into account culture, bias, and the specific needs of clients.

¹ Canadian Association for Spiritual Care. (2011). *Competencies for Spiritual Care and Counselling Specialist*. Retrieved from http://www.cappe.org/ed_mod/documents/Competencies%20for%20Spiritual%20Care%20&%20Counselling%20Specialist%20-%20May%202011.doc

7. **Ethical Behavior:** Is congruent with the values of the CASC Code of Ethics reflecting justice, compassion and healing for all.
8. **Collaboration and Partnerships:** Is accountable to the public, faith communities, employers and professionals in all professional relationships.
9. **Leadership:** Exhibits leadership that provides advocacy and support as an integral team member.
10. **Research (applicable only for positions responsible with a research function):** Sees research as integral to professional functioning and in keeping with one's area of expertise.

COMPETENCY ASSESSMENT

When evaluating an individual against the identified competencies, it is recommended that the standard approach to evaluation also be utilized. Based upon the proficiency scale below, the following levels of proficiency are recommended:

Spiritual Health Practitioner: Consistent to proficient level for all core competencies

Spiritual Health Leader / Spiritual Health Clinical Educator: Proficient to mastery level for all core competencies

Proficiency Scale

N/A – Not Applicable: Competency is not expected or required within scope of practice

Level 1 – No Demonstrated Achievement: Competency not practiced

Level 2 – Beginning: Starting to engage opportunities to develop competency

Level 3 – Developing: Frequently demonstrates this competency in selected situations

Level 4 – Consistent: Continually demonstrates this competency within the defined role and fully meets expectations

Level 5 – Proficient: Able to perform competency at high level and models this competency for others to learn

Level 6 – Mastery: Teaches/Mentors others in this competency, models competency at an advanced level and demonstrates this competency in a variety of contexts

RECOMMENDATIONS ON HOW TO ADDRESS PROFESSIONALS THAT DO NOT MEET THE NEW STANDARD

SHPs that do not meet the qualifications or equivalencies will be grand-parented under the new standard. Grand-parenting is only effective for the position held at time of grand-parenting, and thus does not allow movement within the health authority or to other health authorities. The individual may choose to upgrade their skills but it is not mandated by this framework, and the cost to upgrade may be the responsibility of the individual.

ADDRESSING RECRUITMENT OPTIONS FOR AREAS WHERE APPLICANTS DO NOT MEET THE NEW STANDARD

In some areas, mostly rural and remote, it may be difficult to recruit candidates that meet the recommended qualification standard. In these areas, it may be necessary to rely more heavily on applicant's equivalencies, and related experiences, to determine who is best suited. The level of education, experience and equivalencies will be a factor in where an individual is placed on the salary range.

In some cases, the health authority may incorporate other options, such as training to support candidates to become fully qualified.

Strategies to support the professional may include:

- 1) Remote professional support from SHPs in other health facilities.
- 2) Complete CPE through remote supervision by a Clinical Educator.

APPLICABILITY OF THE FRAMEWORK

The framework should be considered for all spiritual health positions within BC.

There is recognition that some residential care facilities may choose not to implement the framework. Publicly subsidized residential care facilities are funded and coordinated through health authorities; however, they can be either owned or operated by the health authority, or are contracted through non-profit or for-profit providers. Currently health authorities do not specify in the contract the requirement for a SHP, and if a facility chooses to employ a SHP there is no existing mechanism in which a qualification standard can be enforced in these facilities. The framework will be recommended for implementation in these facilities, but the Ministry of Health cannot enforce the implementation at this time. Additionally, it is recommended that health authorities should update contracts to include the qualification requirements for SHPs.

The recommendation is that the framework must be utilized in acute care facilities, hospice facilities and health authority owned and operated residential care homes.

JOB TITLES

Spiritual health positions have a variety of titles; a few examples are: pastoral care clinician, chaplain and spiritual care education coordinator. Given the professional focus on spirituality in the broad sense which may incorporate multifaith care, it is important that the job title is indicative of the current context.

A number of the job titles have a history related to the traditional role of Christian faith-based delivery of religious care in health facilities. This can be confusing for families, staff and patients and by standardizing the title, it is believed the role can be better understood.

Thus the following standardized job titles are recommended:

Spiritual Health Practitioner: Entry level - direct health care providers

Spiritual Health Leader: Coordinator and/or supervisory role

Spiritual Health Clinical Educator: Clinical student educator role

SPIRITUAL HEALTH ADVISORY COUNCIL

It is the employer's responsibility to determine equivalency, and the working group has recognized that this approach may also result with inconsistencies. Three potential options were identified for consideration:

1. The creation of a college or self-regulating professional body.
2. Designate an existing organization which offers professional certification as the only officially sanctioned certification and mandate membership in this organization.
3. Develop a provincial spiritual health advisory council (e.g. similar to the Manitoba or New Brunswick) which has the expertise and ability to engage the complex issues related to providing spiritual health in the public context, and can assist with supporting the implementation of the new framework.

As has been previously noted, while SHPs are integral members of health care teams, they are not a designated profession within the existing *Health Professions Act*. The low numbers of SHPs within BC makes the creation of a college or self regulating professional body not feasible at this time (however, consideration of a registry, similar to the Care Aide Registry, should be reviewed in the future). Additionally, government cannot mandate membership in an association if there is no statutory

requirement, although membership in a professional association has recognized benefits including opportunities for professional development, continuing education and peer support and accountability.

At this time, only the Clinical Educator role has been recommended as requiring certification with a recognized provider of CPE. This recommendation meets CASC's requirement of having a certified provider precept spiritual health interns. This ensures the education programs offered in BC are eligible for certification by recognized providers in the field such as CASC; that the clinical education meets the national and international standards for basic and advanced units of CPE; and facilitates the acquisition of the standard competencies for the enrolled spiritual health interns.

The working group is recommending the development of a provincial advisory council which could be an effective support for employers implementing the new framework. Examples of issues which might be addressed by such a council include: (1) ensuring that the application of equivalencies regarding competencies and educational requirements are consistent amongst health authorities; (2) providing direction regarding training and orientation/education for on-call after hour services; and (3) developing safeguards for faith community visitors so they can provide care to their members without infringing on the rights of others.

REVIEW PROCESS

Members of the working group consulted with a broad stakeholder group including, but not limited to:

- Spiritual Health Professionals
- Professional Practice Leads
- Vice Presidents of Human Resources
- Chiefs of Professional Practice/Chief Nursing Officers
- Aboriginal Health Representatives

After the group had completed the above consultations, the working group members met to discuss the feedback and come to a consensus on any changes required.

Appendix A – Working Group Members

Sharon Stewart, Executive Director- Health Human Resources Planning, Ministry of Health

Heather Boersma, Program Manager- Health Human Resources Planning, Ministry of Health

Philip Crowell, Director- Department of Spiritual Care, Provincial Health Services Authority, and Co-Chair, BC Chapter of the Canadian Association of Spiritual Care

Viktor Gundel, Spiritual Care Department Coordinator, Interior Health Authority, and Co-Chair, BC Chapter of the Canadian Association of Spiritual Care

Philip Weaver, Clinical Pastoral Education Teaching Supervisor, Providence Health

Erin Cutler, Industry Lead - Strategic Health Authority Services, Health Employers Association of British Columbia

Johanne Fort, Professional Practice Director- Nursing & Allied Health, Vancouver Coastal Health

Sujata Connors, Manager- Seniors & Spiritual Health, Vancouver Island Health Authority

Ken Szabo, Work Design & Compensation Consultant, Fraser Health Authority

Cathy Farrow, Project Coordinator- Professional Practice Office, Interior Health Authority

Susan House, Executive Director, Denominational Health Association

Appendix B – Jurisdictional Qualification Comparisons Across Canadian Provinces and BC Health Authorities

Jurisdiction	Health Region	Educational Requirement	Experience	Membership
Alberta	Capital District Health Authority	Master's of divinity or equivalent graduate theology in ministry.		Maintain active membership in CASC and certification, or in process of certification with CASC
	Alberta Health Services	Master's of divinity degree or equivalent	5 years related experience	Certification with CASC
	Calgary Regional Health Authority	Undergraduate degree and equivalent of first year in master's of theology degree and two advanced CPE units	Minimum of 1 year residency education program	Certification as a specialist in clinical pastoral ministry in accordance with the CASC
Saskatchewan	Saskatoon Catholic Hospitals	Bachelor's degree is required, along with completion of theology classes training.	1 year of clinical experience	Certification by an appropriate clinical pastoral agency
	Saskatoon Health Region	Graduate degree in theology or a related field and minimum of one unit of CPE and/or equivalent training		A specialist in pastoral care as certified by CASC is preferred and endorsement by a recognized faith community
Manitoba	Manitoba Health	Education in world religious traditions, theology, rites, rituals, philosophy, spiritual pathways, existential pathways, belief systems and a minimum of one CASC CPE unit or equivalent course		
	Winnipeg Health Region	Undergraduate degree in theology or an undergraduate degree and one year of theological studies at master's of divinity level.	3 years of pastoral experience in a health-care setting.	Certified specialist in institutional ministry in good standing with CASC
Ontario	University Health Network	Master's degree; master of divinity preferred from a college accredited by the Association of Theological Schools.	1 year (Chaplain) 5 years (Sr. Chaplain) 10 years (Spiritual Care Manager) of relevant experience	Registration/membership with the CASC and ordination or specific mandate for ministry in accordance with polity of incumbent's faith group Senior positions: Certification as a teaching supervisor in CASC
Quebec	Quebec Ministerial Position Paper	University degree in theology, pastoral or religious sciences or equivalent in other religious denominations and at least one course in pastoral care		
Newfoundland	Eastern Health	Master's degree in theology, ministry, pastoral studies or some related field	Clinical pastoral experience in institutional ministry	
Prince Edward Island	Queen Elizabeth Hospital	Formal theological education, preferably an academic degree at the master's level from a recognized school of theology, and preference for candidates possessing CPE training	3 years experience in parish pastoral ministry and 3 years experience in hospital pastoral ministry.	Ordained, endorsed or approved by an ecclesiastical authority and/or a member of a recognized religious order, and preference for certification as a specialist in pastoral care by CASC
Nova Scotia	Capital Health	Master's of divinity		Membership in good standing with CASC and certification as a specialist by CASC, or have substantially completed the process leading to certification
New Brunswick	Regional Health Authority A	Master's in theology or equivalent	5 years experience in a recognized religious ministry	Member in good standing in his/her faith group and preference for a specialist and teaching supervisor certified by CASC

Jurisdiction	Health Authority	Educational requirement	Experience	Membership
British Columbia	Fraser Health Authority	Master's degree in theology, divinity or related discipline and two units of CPE from CASC or equivalent level of training	1 year in spiritual care role or combination of education, training and experience	Eligible for membership in CASC and ordination or good standing in one's faith group
	Vancouver Coastal Health Authority	Master's degree with relevant theological/spiritual studies and two basic and two advanced units of CPE or equivalent combination of education, training and experience	5 years recent related experience	Certification with CASC as a clinical pastoral care educator, and maintenance of a relationship with a recognized denomination or faith group
	Interior Health Authority	Master's degree in theology, divinity or Arts (counselling, ethics) and minimum 12 months CPE residency (advanced status, five units or clinical equivalent level of training)	3-5 years recent related experience in a health care environment or complex working environment Experience in supervisory, leadership role or equivalent combination of education, training and experience	Eligible for membership in CASC and ordination by recognized Canadian Religious Authority in good standing
	Vancouver Island Health Authority	Bachelor's degree in theology or related area of religious/pastoral study and one basic unit of CPE through CASC	4 years of spiritual health or chaplaincy experience. An equivalent combination of education, training and experience will be considered	Ordination or appropriate ecclesiastical endorsement
	Northern Health Authority	Master's of divinity or equivalent from a recognized seminary, divinity school or college of theology supplemented by academic preparation in the Social Science and counselling	Minimum of 3 years of general pastoral care and two years of hospital pastoral care experience or equivalent combination of education, training and experience	
	Provincial Health Services Authority – Mental Health	Master's in divinity or theology or degree in divinity or theology	2 years(master's) or 3 years (degree) experience in a congregational or institutional setting and 1 year (master's) or 2 years (degree) experience in mental health or correctional setting	Preference for CASC certification (or eligibility for) as pastoral specialist in institutional ministry, and ordination or endorsement and member in good standing of a recognized faith group.
	Provincial Health Services Authority – Children's and Women's Hospital	Master's of divinity or theology degree or an equivalent level of education, training, and experience	2 years of recent related pastoral experience in a congregational or institutional setting. Experience in a multi-faith context and experience providing spiritual care to women, children, and families is preferred	CASC certification (or eligibility for) as pastoral specialist in an institutional ministry, and ordination or endorsement by, and member in good standing of a recognized faith group
	Catholic Facilities: Providence Health	Completion of 1 year of theology at the master's level from an accredited theological institution and three units of CPE or an equivalent combination of education, training and experience.		Endorsement by a recognized faith group
	St Josephs Hospital	Chaplain: Diploma in theology and one unit of CPE The Director of Pastoral Care: Bachelor's degree in theology; a master's degree in pastoral studies/divinity is preferred and advance standing with CASC. A specialist level of qualification in institutional ministry is preferred.	Chaplain: a minimum of 2 years of pastoral experience in an acute health care setting, plus some teaching experience in the area of pastoral care Director: a minimum of 4 years experience in hospital pastoral work, including 3 years managerial experience. Teaching experience is an asset	Member of CASC and ordained or have the endorsement of a church body and be mandated by their church

Appendix C – Spiritual Health Role Definitions

Volunteers assist in facilitating and increasing access to both spiritual care and faith specific care. The use of volunteers differs in each health authority as does the infrastructure. The following is a brief definition of the different individuals involved in spiritual health:

Employee: Spiritual Health Professional (practitioner, leader or educator)

Student: works under a certified educator, unpaid and registered with Vancouver School of Theology

Volunteer: Spiritually based; can have specific day time hours and/or be on-call. On-call volunteers assist in providing 24-hour coverage. These volunteers are sometimes referred to as spiritual health assistants.

These assistants are trained to augment the work of SHPs in a multifaith context by providing spiritual “first aid” (ie; screening and basic spiritually sensitive support). The purpose of assistants is to provide comfort, solace and to contain a situation until a SHP can make a spiritual assessment. Such persons may often be used for on-call or disaster situations although they may be regularly scheduled in some cases. They are aware of the multifaith and spiritual crisis support services available in spiritual health departments. They screen for the purpose of ascertaining if the services of a SHP are required. SHPs are responsible for ensuring that they understand the limitations of their role and that they do not cross into professional spiritual health care practice. As such, all spiritual health assistants are under the full purview of the SHP or designate who is responsible for their selection, training and supervision.

Visitor: Faith-specific volunteer is referred to as a visitor. These volunteers visit members of their faith group. Visitors provide religious care and address spiritual needs solely within the context of a specific religion and/or denomination. As such, they normally do not fall under the direct supervision of the SHPs. However, SHPs liaise with the faith institution and the faith community’s visitors. They provide orientation and facilitation to faith-specific visitors in order to ensure that they provide care to their members without infringing on rights of others. This involves educating on areas such as patient confidentiality, freedom to practice religion, the right to refuse care and freedom from discrimination.

APPENDIX D - Spiritual Health Scope of Practice

The scope of practice for the CASC BC Region is based in the national core competencies document of CASC which is itself currently refining the national scope of practice document.

Definitions

Spirituality - Spirituality in a clinical context is defined as that aspect of the human self pertaining to those dimensions of human experience which a person relates to as providing meaning to life and connecting them to a transcendent or higher purpose. It is experienced both cognitively and emotionally. This aspect of the self has been recognized in ancient and modern times as important in mobilizing the internal healing mechanisms of the body and mind. It is also a realm in which much suffering may be experienced.

Spiritual Care - The practice of spiritual care is holistic in nature. It includes the assessment, and relational treatment of persons experiencing spiritual crisis or spiritual malaise, thereby purposefully and derivatively reducing emotional suffering and existential angst while enhancing, emotional, cognitive and physical well being. This is accomplished partially through the provision of dialogical encounters in which contextually adaptive spiritual perspectives are explored within the world view of the client/patient, as well as through auxiliary competencies having both systemic and existential foci.

Philosophical Basis of Care

In addition to being holistic SHPs adhere to a multicultural and multifaith approach to supporting individuals as they cope with distress, disease, death and dying. The services of a SHP are available to persons with or without religious affiliation. The spiritual care scope of practice entails a relational and patient/family-centred approach. As members accountable to a professional association for their ethical conduct and professional competence they work within their scope of practice, consult with other professional disciplines, and make referrals whenever indicated.

SHPs are client focused and work within the following frame of reference with respect to their scope of professional practice in order to assist clients in drawing strength from their own cultural, spiritual and religious resources in times of illness or other crises.

Scope of Practice Relevant to Spiritual Distress

Dimensions of Concern - Spiritual care is provided to persons experiencing spiritual distress. Such distress is experienced both cognitively and emotionally, and in turn can impact physical well being and recovery. Spiritual care is concerned with spiritual distress regardless of its source, but in health care settings its main focus is distress caused by serious or chronic illness. The features of such distress may include, but are not limited to, loss of function, change in perception of self, feelings of abandonment, hopelessness, helplessness and existential angst. Such factors demand empathy and solace in their own right but are also potential barriers to healing.

Role

Note: Persons do not enter into hospital or come under the care of the health care system because of a spiritual diagnosis. Spiritual care does not therefore directly treat any diagnosed illness. Instead, it provides assessment and care for the spiritual dimension of persons in a manner that supports physical and mental health and reduces human suffering.

Primary Scope of Conditions for Provision of Spiritual Care

Emotional Conditions - Persons for whom the stress of physical illness, trauma, loss, or situational hardship has created a crisis of vulnerability that has lessened their ability to cope emotionally at the existential/spiritual level at which their internal resources such as, hope, acceptance, trust and the will to live can be accessed.

Persons for whom physical illness has led to existential angst, and guilt (false or real) that is causing emotional suffering/spiritual malaise.

Cognitive Conditions - Patients/clients expressing difficulty in making sense or meaning of their experience of their illness within their religious or philosophical framework, and thereby suffering cognitive dissonance and related emotional suffering.

Relational Conditions - Patients/clients experiencing ruptures in communication between themselves and significant others related to existential spiritual issues (eg; an inability to discuss death and dying).

Psychological/Psychiatric Conditions - Persons for whom the stress of mental or emotional illness has created a crisis of vulnerability that has lessened their ability to cope at the existential/spiritual level at which their internal resources such as, hope, acceptance, trust and the will to live can be accessed.

Patients having religious delusions, whose interpretation of their experience is causing suffering and impeding treatment.

Situational Conditions - Persons experiencing a loss of a loved one or other crisis not directly related to their illness and creating spiritual distress.

Compliance/Cooperation - Patients who are non compliant with treatment, or refusing treatment due to religious needs or interpretations, that may be resolvable.

Therapeutic Interventions and Functions

Spiritual Assessment

Conduct Holistic Assessments - Evaluate the emotional and spiritual needs of clients/patients including the client's source(s) of spiritual strength, hope, methods/ways of coping, needs, risks and wellness goals through entering into the clients world view and integrating this knowledge with historical, theological, philosophical, socio-cultural and psychological frameworks of human development and transition.

Spiritually Focused Dialogical Care

Create a Respectful Spiritual Context of Care - Communicate a non-judgmental stance, respect and integrate knowledge of diversity with reference to age, class, race, gender, ethnicity, levels of ability, language, spiritual and religious beliefs, educational achievement, sexuality, social factors, family, and health beliefs.

Create a Dialogical Level of Spiritual Rapport - Create an attentive sanctuary of relational presence through validation of the client's emotional and spiritual experience, using communication strategies that include empathic listening and reflection, and demonstrate authentic compassion and empathy.

Facilitate a Spiritual Therapeutic Alliance - Develop cooperation and compliance through encouraging the client's participation with the team in their own healing process through assisting both the patient and the team to explore how the patient may exercise their own spiritual coping skills relevant to the emotional spiritual crisis of mental or physical illness.

Facilitate Experiential Access to External Spiritual Support - Assist patients in accessing spiritual resources such as those found in the wisdom of their own spiritual tradition that can foster hope and inner strength and explore the function of spiritual/religious identity of clients, including their spiritual strengths, vulnerabilities, resilience and resources as they relate to the crisis of illness.

Explore Relevant Existential Themes and Barriers to Healing - Explore the client's sense of purpose and meaning in life relating to illness, moral distress, impact on relationships, and grief/loss; identify emotional, religious or spiritual barriers to healing and process emerging new perspectives; and promote an empathic connection through self awareness and mindful presence.

Screening and Prevention - Evaluate patient concerns that may lead to non compliance, spiritual suffering or moral dilemma.

Documentation - Document progress relevant to patient progress and inter-professional treatment goals.

Spiritual Health Education - Teach spiritual practices consistent with the world view or religious tradition, of the client that can mobilize the healing processes of the mind and body (eg; meditation, centring prayer, mindfulness, self talk).

Spiritually Focused Therapy - Through using a variety of therapeutic interventions and approaches, explore with clients the deeper interpretations and meanings a client may ascribe to their experience of illness with reference to the client's own belief system at various levels of self awareness and facilitate cathartic emotional expression by the client, as related to the crisis of illness within the context of their spiritual world view. *** (Certified practitioners only or advanced practitioners under supervision)***

MultiFaith /Heath Care Team Interfacing - Facilitate dialogue between the inter-professional team and clients in order to effect mutual understanding, and the promotion of safety regarding the practice of traditional means of healing in a manner that is complementary to medical treatment; assist staff in understanding the importance of patients being free to practice their own religion, including accessing their own religious leaders and engaging in religious ritual; assist patients in accessing their religious leaders when requested; and provide interdenominational and interfaith worship services where appropriate.

Administration/Leadership - Promotes positive organizational values in a manner that fosters spirituality and the humanization of the work place, and exercises knowledge, skill, and judgment in providing a spiritual care program that includes the provision of:

- Applies quality assurance processes,
- Fosters professional self development,
- Participates in inter-professional dialogue,
- Provides and attends inter-professional education events,
- Provides supportive consultation to both staff and management.

Inter-professional Care - Consults and provides consultation with other members of the inter-professional team; co-develops with clients a spiritual care plan that complements and is integrated with the inter-professional care plan, treatments and interventions; promotes spiritual care practice values including diversity and inclusion, taking into account culture, bias, and the specific needs of patients/clients; advocates for equitable care; and responds to how oppression may impact human functioning.

Ethics - Ascribes to the values of the CASC Code of Ethics reflecting justice, compassion and healing for all and the ethical practice of confidentiality; participates in and promotes ethical reasoning and action including participation in ethics committees when advisable; articulates and maintains clear, professional and therapeutic boundaries; identifies and resolves ethical issues encountered in one's practice, teaching (and research), and consulting with colleagues when necessary; and advocates for individuals in abuse or neglect situations.

Appendix E - Terms of Reference

PURPOSE OF THE SPIRITUAL HEALTH WORKING GROUP

To provide strategic advice and recommendations to the Ministry of Health by defining a framework that identifies the role, competencies, education, qualifications and supports that will facilitate the recognition of spiritual health as a very important component of an individual's overall health in BC's health care system.

MEMBERSHIP

- BC Ministry of Health (Chair, Sharon Stewart, Executive Director, Medical Services and Health Human Resources Division)
- Health Authority Representation (including Professional Practice; Work Design and Clinical Operation)
- Health Employers' Association of BC (HEABC)
- BC Chapter of the Canadian Association of Spiritual Care (BCCASC)
- Susan House, Executive Director of Denominational Health Association
- Others, as identified

RESPONSIBILITIES OF THE WORKING GROUP

- Create a provincial framework for spiritual health practice in BC.
- Examine the function of spiritual health providers in BC.
- Identify the contribution of having a spiritual health provider as part of an inter-professional team and the value-added to the system.
- Review the national competency work and determine the appropriateness for adoption within BC.
- Discuss professional practice concerns and identify strategies to address.
- Recommend the professional standards required to practice in BC.
- Ensure recommendations are sustainable and meet operational requirements.

OUT OF SCOPE

- Identification of staffing models – this will vary from health authority to health authority.
- SHP to inpatient bed ratio will not be established.

DELIVERABLES

1. Provincial framework.
2. Provincial role description(s).
3. Spiritual health core competencies for BC.
4. Minimum educational requirements, qualifications, designations, and certifications.
5. Identification of other barriers that prevent SHPs being an effective part of the care team, and recommendations to address.

6. Method of evaluating competency.
7. Recommendations on how to address existing SHPs that do not meet the new standard.

WORKING GROUP OPERATIONS

- **MEETINGS:** The expectation is there will be a few meetings over the next few months. Meetings will be a combination of face-to-face and teleconference, and will be scheduled at a mutually agreed time/location where the majority of members will be able to attend.
- **HEALTH AUTHORITY REPRESENTATION:** While it is important to have representation from professional practice, work design and clinical operations, it is not necessary to have all health authorities represented on the working group.
- **CONSULTATION:** Prior to finalizing recommendations, at minimum, the working group will consult with Health Human Resources Strategy Council and the Chief Nursing Officers Council, who are also responsible for professional practice within their health authorities. Other groups to be consulted will be identified by the working group.

APPENDIX F – Vision Aims

Vision statement implies:

- Spiritual health is supported by competent spiritual health professionals.
- Spiritual health is accessible through the continuum of care.
- Spiritual health providers respect both cultural and religious diversity.
- Individuals and families are spiritually supported during the dying process.
- Spiritual health care is consistent care across BC.
- Health care professionals understand and embrace spiritual care.
- Spiritual health is integrated into the health system.
- Spiritual health is enabled to be proactive and responsive.
- Support for spiritually healthy organizations and staff.

APPENDIX G – Educational Equivalencies

A minimum of a two year graduate/master's degree in theology or a related field such as religious studies, spirituality, pastoral studies, etc., from an educational institution accredited by the Association of Theological Schools, or the Council of Higher Education Accreditation, or an equivalent combination of education and experience. Equivalency may be recognized, and would typically include a minimum of 18 credit hours from any combination from the following list of graduate level courses:

- Theology (may be in any religion) – has a broader, global world religion perspective, and looks at cultural/historical aspects, as well as understanding practices and rituals
- Sacred Texts (e.g. the Qur'an, Tanakh, the Upanishads, the Bible)
- Religious Studies
- Pastoral Studies
- Spirituality

AND a minimum of 12 credit hours from any combination from the following list of graduate level courses:

- Psychology – looking at experiential focus that considers human dynamics/interactions; the psychology of religion – processes/traditions; psychology of bereavement, etc.
- Pastoral Counseling
- Family Therapy
- Equivalent courses in human behavior

APPENDIX H – Definition of Clinical Pastoral Education

Spiritual Health Education programs (ie; CPE) were formally initiated in the 1960s in BC and attached to teaching hospitals.

CPE is the branch of Supervised Pastoral Education (SPE) intended to help learners achieve and consistently demonstrate the competencies required to provide spiritual care in a multi-faith context. It is an experience-based approach to learning which combines the practice of care with peer group reflection under the leadership of a qualified teaching supervisor. It is a form of education which is based in clinical practice. In BC, anyone who takes CPE at an approved centre receives graduate-level credit through the Vancouver School of Theology.

CPE is undertaken in educational units of a minimum of 400 hours. The content and duration of each unit must be in keeping with internationally recognized standards established by the professional associations which certify SPE programs. The clinical setting for CPE is multi-disciplinary which allows one to learn the skills required for interdisciplinary cooperation and coordination which are essential for the delivery of spiritual care.

Admission is granted based on a two-step application process. The first step is a written application in which candidates document their personal and academic readiness for specialized training. The second step is an interview in which they are expected to demonstrate their skills.

Appendix I - Spiritual Health Core Competencies²

Role/Function	Competencies – all roles
Community Liaison	<p>1. Spiritual Assessment and Care Spiritual Assessment and Care are distinct but inter-related activities. Spiritual Assessment is an extensive, in-depth, ongoing process of actively listening to and summarizing a client’s story, spiritual strengths, needs, hopes and coping strategies as they emerge over time. Spiritual Care is the professional relationship established with a client that provides a framework for ongoing assessment and inter-professional interventions that help meet the wellness needs and goals of the client.</p> <p>1.1 Relational Approach: Provides a relational and patient/family-centred approach to assessment and care that sensitively encounters the client(s) and engages them in their healing process.</p> <p>1.1.1. Engages with the client’s experience. 1.1.2. Facilitates expression and articulation of a client’s beliefs, values, needs and desires that shape the client’s choices and interactions. 1.1.3. Encourages the client to express emotions and a full range of feelings. 1.1.4. Encourages the client to share fears/concerns, hopes/dreams, creative expression, intuition and awareness of relationships, including the divine/transcendent in understanding the core identity of the client.</p> <p>1.2 Assessment: Gains an understanding of a client’s source(s) of spiritual strength, hope, methods/ways of coping, needs, risks and wellness goals through encountering the client and integrating this knowledge with historical, theological, philosophical, socio-cultural and psychological theoretical frameworks of human development and transitions in life.</p> <p>1.2.1 Assesses by means of listening to story. Encounters the life narrative of the client through dialogue, observation and emotional understanding. 1.2.2 Identifies the client’s worldview and theological or spiritual belief system. 1.2.3 Identifies the client’s sacred symbols, metaphors and relationships that provide meaning. 1.2.4 Assesses past and present trauma, spiritual distress, spiritual pain, suffering, grief and loss. 1.2.5 Assesses specific risks, including suicide, homicide, violence, abuse, neglect, drug abuse and monitors risk over time. 1.2.6 Assesses spiritual coping strategies. 1.2.7 Assesses for faith process and development, structure and content. 1.2.8 Recognizes when and how medications/drugs are impacting the client. 1.2.9 Recognizes when physiological or psychological symptoms are</p>
Education/Orientation/Facilitation – Staff, Clergy, Volunteers, etc.	
Coordination: Volunteers and Local Clergy, Faith Groups/Leaders	
Spiritual Care: Patients, Parents, Admin, Families (anyone who comes into the system)	
Crisis Intervention	
Clinical Ethics	
Counseling/Debriefing	

² Canadian Association for Spiritual Care. (2011). *Competencies for Spiritual Care and Counselling Specialist*. Retrieved from http://www.cappe.org/ed_mod/documents/Competencies%20for%20Spiritual%20Care%20&%20Counselling%20Specialist%20-%20May%202011.doc

limiting effectiveness of care and when there is need for consultation with others within the care team.

1.3 Planning:

Co-develops with the client(s) a spiritual care plan that complements and is integrated with inter-professional care plan, treatment and interventions.

- 1.3.1 Determines the type and level of care/intervention appropriate and formulates a therapeutic direction(s).
- 1.3.2 Attends to client's expectations and the involvement of loved ones in the care plan.
- 1.3.3 Develops a safety plan.
- 1.3.4 Develops personalized goals and objectives where relevant and appropriate to the client situation.
- 1.3.5 Ensures interventions are timely, based on informed therapeutic approaches and are related to appropriate community resources.
- 1.3.6 Monitors progress.
- 1.3.7 Responds to disruptions of the spiritual care relationship in a timely fashion.
- 1.3.8 Monitors quality of the spiritual care relationship on an ongoing basis.
- 1.3.9 Restores therapeutic direction when it is hindered or diminished.
- 1.3.10 Integrates the practices of assessment, intervention and outcomes.
- 1.3.11 Evaluates the therapeutic effectiveness of the Spiritual Care plan and interventions.

1.4 Intervention:

Provides a variety of interventions and approaches to spiritual care related to needs assessment and co-developed inter-professional care plans.

- 1.4.1 Helps client evaluate role and function of spiritual/religious identity in their life.
- 1.4.2 Helps client to identify spiritual strengths, vulnerabilities, resilience and resources.
- 1.4.3 Facilitates exploration of a client's sense of purpose and meaning in life.
- 1.4.4 Facilitates exploration of issues in relationships, moral distress and grief/loss.
- 1.4.5 Facilitates contextualized meaning-making and sacred and religious interpretation.
- 1.4.6 Utilizes spiritual/theological/faith reflection in exploring and making meaning of one's life situation and in bringing the unconscious to the conscious understanding when it is safe and appropriate.
- 1.4.7 Fosters the client's independence and responsibility within the care team.
- 1.4.8 Offers support and guidance for spiritual growth.
- 1.4.9 Strengthens relational connections and fosters experiences of community.
- 1.4.10 Enables reconciliation (e.g. conflict management, forgiveness and relational growth).
- 1.4.11 Assists client in their own creative expression of spirituality.
- 1.4.12 Provides or facilitates prayer, rituals, rites, ceremonies and services.
- 1.4.13 Leads or facilitates spiritually-focused themed groups, workshops and studies.

2. Self-awareness:

Assesses the impact of one's own spirituality, beliefs, values, assumptions and power dynamics in relationships with clients.

- 2.1 Has a clear sense of personal and professional identity, integrity and authority.
- 2.2 Integrates personal culture, beliefs and values leading to authenticity, consistency and dependability in the practice of spiritual care.
- 2.3 Maintains the practice of self-reflection and self-evaluation including critical self-reflection on one's words, actions and theoretical orientation.
- 2.4 Recognizes professional limits, and when to make referrals and consultations.
- 2.5 Recognizes instances where practitioner's life experiences may enhance therapeutic effectiveness.
- 2.6 Recognizes the symbolic power associated with the practitioner's role and the presence and importance of transference or counter transference in the spiritual care relationship.
- 2.7 Recognizes occupational hazards contributing to burnout.
- 2.8 Integrates beliefs about well-being and distress.

3. Spiritual and Personal Development:

Continues to develop and maintain personal and professional growth, awareness and self-understanding and makes oneself appropriately accountable.

- 3.1 Engages in ongoing theological/spiritual reflection.
- 3.2 Nurtures and utilizes own spirituality with integrity.
- 3.3 Identifies and integrates areas of need and interest regarding continuing education in development of areas of own personhood, religion, spirituality and meaning.
- 3.4 Identifies and utilizes personal and professional support, consultation and supervision.
- 3.5 Evaluates clinical practice, identifies strengths and weaknesses, set goals and modifies practice accordingly as necessary.
- 3.6 Consults with other professionals and spiritual care and counseling colleagues when appropriate.
- 3.7 Engages regularly and holistically (body, mind, spirit) in self-caring practices.

4. Multi-Dimensional Communication:

Employs communication strategies that include active and attentive listening, awareness of the non-verbal, appropriateness, and relevant content.

- 4.1 Listens actively, empathically and reflectively, validating the client's emotional and spiritual experience.
- 4.2 Assesses and responds appropriately to all aspects of non-verbal communication.
- 4.3 Attends to social support and relationships.
- 4.4 Attends and respectfully responds to intercultural relational approaches.
- 4.5 Artfully responds to richness of the client out of the richness of one's own personhood.
- 4.6 Communicates in a manner appropriate to the recipient.
- 4.7 Attends to feelings, attitudes, thoughts and behaviour.
- 4.8 Employs effective verbal (and non-verbal) communication.
- 4.9 Explains theoretical concepts in everyday language.

- 4.10 Recognizes conflict, whether overt or covert, verbal or non-verbal and uses a conflict resolution approach appropriate to the situation.
- 4.11 Communicates assessment information so the client understands its relationship to care giving goals and outcomes.

5. Documentation and Charting:

Documents clinical assessments, interventions and referrals in a way that is understood by members of the inter-professional team. Keeps records and statistics in a timely manner; demonstrates clarity, skill and appropriate confidentiality in all paper/electronic correspondence.

- 5.1 Identifies the referral source and reason for initial assessment.
- 5.2 Differentiates fact from opinion.
- 5.3 Uses clear and concise language that respects whole person care.
- 5.4 Provides concise statements about the significance of appearance, voice quality, and/or non-verbal communication in clinical interactions.
- 5.5 Notes referral and/or follow-up plan.
- 5.6 Understands and employs confidentiality limits regarding stories and confessions.
- 5.7 Employs electronic communication as relevant to practice and maintains appropriate security in its use.
- 5.8 Maintains professional documentation on clients in a secure location and keeps records for an appropriately designated length of time.

6. Brokering Diversity:

Understands, values, promotes diversity and inclusion, and advocates for equitable care. Provides care that takes into account culture, bias, and the specific needs of clients.

- 6.1 Assesses the dynamics of the culture, resources and community. *(Note: more of focus for Entry+).*
- 6.2 Values diversity and advocates for accommodation of cultural, spiritual and religious needs and practices.
- 6.3 Assumes and communicates a non-judgmental stance.
- 6.4 Demonstrates sensitivity to the diversity and setting of spiritual care.
- 6.5 Integrates knowledge of diversity with reference to age, class, race, gender, ethnicity, levels of ability, language, spiritual and religious beliefs, educational achievement, sexuality, social factors, family, health beliefs and willingness to seek help.
- 6.6 Adapts the care approach when working with diverse individuals, families and groups and respectfully asks for guidance in learning intercultural relationship skills.
- 6.7 Shows respect toward various disciplines and interest groups.
- 6.8 Models behaviour that promotes inclusion.
- 6.9 Recognizes and responds to how oppression may impact human functioning.
- 6.10 Recognizes how the Spiritual Health Practitioner’s values and biases may affect relationships with diverse clients.
- 6.11 Identifies culturally and spiritually relevant resources.
- 6.12 Explores and addresses in a timely manner differences that may lead to misunderstanding and conflict.
- 6.13 Provides current information on different faith groups and cultural traditions.

7. Ethical Behaviour:

Ethical behaviour is congruent with the values of the CASC code of ethics reflecting justice, compassion and healing for all.

- 7.1 Shows respect to others.
- 7.2 Protects confidentiality.
- 7.3 Articulates and maintains clear, appropriate and therapeutic boundaries.
- 7.4 Recognizes one's responsibility to report to authorities what is in the interest of security and/or required by law and/or the CASC code of ethics.
- 7.5 Participates in and promotes ethical reasoning and moral development.
- 7.6 Works within one's scope of practice knowing when it may be appropriate to make a referral or initiate a consultation.
- 7.7 Identifies ethical issues encountered in one's practice, teaching and research.
- 7.8 Complies with relevant regulations at all levels of government and within one's provincial regulatory body (*Note: does not reflect BC – no current provincial body*).
- 7.9 Differentiates the roles and functions of professional associations relevant to one's practice.
- 7.10 Advocates for individuals in abuse or neglect situations.
- 7.11 Speaks out against systemic oppressions that are in violation of human dignity, human rights and/or the CASC code of ethics.

8. Collaboration and Partnerships:

Is accountable to the public, faith communities, employers and professionals in all professional relationships.

- 8.1 Builds and sustains working relationships with members of inter-professional, multi-disciplinary and multi-faith groups. (*Note: Yes, but more focus for Leader/Teacher roles*).
- 8.2 Clearly understands the role and function of each member of the inter-professional group and/or service providers working with the client.
- 8.3 Educates clients and professional colleagues on the criteria for referral for spiritual care and counselling services.
- 8.4 Clearly defines and communicates to other team members the meaning and methods of spiritual care.
- 8.5 Makes appropriate referrals to other professionals & partners.

9. Leadership

Exhibits leadership that provides advocacy and support as an integral team member.

- 9.1 Provides support to both staff and management.
- 9.2 Provides Clinical and Professional Consultation.
- 9.3 Endeavours to ensure a sacred space for prayer, ritual and meditation.
- 9.4 Develops a strategic plan, which not only supports and advocates for spiritual care in the work place, but promotes the soul of the organization and also strengthens the organization's values in a manner that works towards preserving and fostering both the spirituality and the humanization of the workplace.
- 9.5 Participates in professional organizations.
- 9.6 Establishes a way to involve volunteers appropriately.
- 9.7 Participates in leadership opportunities, change management and

	<p>systems transformation and provides leadership to organizational projects relevant to spiritual values as appropriate.</p> <p>9.8 Acts as a change agent within the culture of the organization.</p> <p>9.9 Prioritizes and organizes activities, using planning and management skills, to support spiritual care strategies.</p> <p>9.10 Follows through on commitments in a timely manner.</p> <p>9.11 Obtains feedback from external sources to assist in performance review.</p> <p>9.12 Appreciates and responsibly uses resources.</p> <p>9.13 Strategically positions spiritual care to ensure the wellbeing of clients and ensures adequate resources.</p> <p>9.14 Provides education on an ongoing basis related to spiritual care and counseling.</p>
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Role/Function	Competencies – Leader and CPE Teaching Roles (<i>level may have different levels of proficiency in each competency</i>)
<p>Leading SC Staff and Volunteers (Day To Day Operations)</p> <ul style="list-style-type: none"> • <i>Accountability for Staff</i> • <i>Leading Professional Development for Staff</i> 	<p>2.7 Recognizes occupational hazards contributing to burnout.</p> <p>7.4 Recognizes one’s responsibility to report to authorities what is in the interest of security and/or required by law and/or the CASC/ACSS code of ethics.</p> <p>8.2 Recognizes one’s responsibility to report to authorities what is in the interest of security and/or required by law and/or the CASC/ACSS code of ethics.</p> <p>9.6 Establishes a way to involve volunteers appropriately.</p> <p>9.8 Acts as a change agent within the culture of the organization.</p> <p>9.9 Prioritizes and organizes activities, using planning and management skills, to support spiritual care strategies.</p>
Carrying Out Research	<p>7.7 Identifies ethical issues encountered in one’s practice, teaching and research.</p> <p>10.3 Participates in and/or <u>promotes</u> research.</p> <p>10.4 Uses appropriate methodologies and established ethical protocols (if/when conducting research).</p> <p>10.6 Disseminates research information.</p> <p>10.5 Subjects one’s findings as required and appropriate to professional peer review if/when conducting research (add analysis of raw data).</p>
Evaluation (Program Effectiveness)	<p>3.5 Evaluates staff clinical practice, identifies strengths and weaknesses, set goals and modifies practice accordingly as necessary</p> <p>Identifies ethical issues encountered in one’s practice, teaching and research.</p>
Professional Leadership within Hospitals	<p>2.7 Recognizes occupational hazards contributing to burnout.</p> <p>3.6 Consults with other professionals and spiritual care and counselling colleagues when appropriate.</p> <p>6.12 Explores and addresses in a timely manner differences that may lead to misunderstanding and conflict.</p> <p>6.13 Provides current information on different faith groups and cultural traditions.</p> <p>7.5 Participates in and promotes ethical reasoning and moral development.</p> <p>9.2 Provides Clinical and Professional Consultation.</p> <p>9.4 Develops a strategic plan, which not only supports and advocates for spiritual care in the work place, but promotes the soul of the</p>

	<p>organization and also strengthens the organization’s values in a manner that works towards preserving and fostering both the spirituality and the humanization of the workplace.</p>
<p>Development of Community Collaboration</p>	<p>6.1 Recognizes how the Spiritual Health Practitioner’s values and biases may affect relationships with diverse clients.</p> <p>6.11 Identifies culturally and spiritually relevant resources.</p> <p>8.1 Builds and sustains working relationships with members of inter-professional, multi-disciplinary and multi-faith groups.</p> <p>Appendix A: Collaboration Descriptor: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.</p> <ol style="list-style-type: none"> 1. Establishes collaborative relationships with others in planning and providing patient/client care. 2. Promotes the integration of information and perspectives from others in planning and providing care for patients/clients. 3. Upon approval of the patient/client or designated decision-maker, ensures that appropriate information is shared with other providers. <p>Communication skills. Conflict resolution. Brokering diversity.</p>
<p>Policy Development and Strategic Planning Input – Liaise with Executives</p>	<p>6.2 Values diversity and advocates for accommodation of cultural, spiritual and religious needs and practices (advocates +).</p> <p>7.11 Speaks out against systemic oppressions that are in violation of human dignity, human rights and/or the CASC/ACSS code of ethics. <i>(Note: Combine/wordsmith 6.2 and 7.11)</i></p> <p>9.13 Strategically positions spiritual care to ensure the well-being of clients and ensures adequate resources.</p> <p>9.4 Develops a strategic plan, which not only supports and advocates for spiritual care in the work place, but promotes the soul of the organization and also strengthens the organization’s values in a manner that works towards preserving and fostering both the spirituality and the humanization of the workplace.</p>
<p>Teaching Post-grad Students Educating Spiritual Care Interns (Training to Become Entry Level)</p>	<p>9.15 Provides education on an ongoing basis related to spiritual care and counselling.</p>