Standards of Practice for Professional Chaplains

Preamble: Chaplaincy care is grounded in initiating, developing, deepening and closing a spiritual and empathic relationship with those receiving care. The development of a genuine relationship is at the core of chaplaincy care. Relationships underpin, even enable, all the other dimensions of chaplaincy care to occur. It is assumed that all of the standards are addressed within the context of such relationships.[1]

Section 1: Chaplaincy Care with Care Recipients

Standard 1, Assessment: The chaplain gathers and evaluates relevant information regarding the care recipient's spiritual, religious, emotional and relational needs and resources.

Standard 2, Delivery of Care: The chaplain develops and implements a plan of care to promote the well-being of the care recipient.

Standard 3, Documentation of Care: The chaplain documents in the appropriate recording structure information relevant to the care recipient's well-being.

Standard 4, Teamwork and Collaboration: The chaplain collaborates, within the chaplain's scope of practice, with other care providers to promote the well-being of the care recipient.

Standard 5, Ethical Practice: The chaplain adheres to the APC Code of Ethics and other codes of ethics as required by the chaplain's professional setting to guide decision-making and professional behavior.

Standard 6, Confidentiality: The chaplain respects the confidentiality of information from all sources, including the care recipient, legal or organizational records, and other care providers in accordance with federal and state laws, regulations and rules.

Standard 7, Respect for Diversity: The chaplain models and collaborates with other care providers in respecting and providing sensitive care regardless of diverse abilities, beliefs, cultures or identities.

Section 2: Chaplaincy Care for the Organization

Standard 8, Care for Employees and Affiliates: The chaplain provides effective chaplaincy care to the organization's employees and affiliates via individual and group interactions.

Standard 9, Care for the Organization: The chaplain provides chaplaincy care to the organization in ways consistent with the organization's values and mission statement.

Standard 10, Chaplain as Leader: The chaplain provides leadership in the chaplain's professional setting and profession.

Section 3: Maintaining Competent Chaplaincy Care

Standard 11, Continuous Quality Improvement: The chaplain seeks and creates opportunities to enhance the quality of chaplaincy care practice as understood within the chaplain's professional setting.

Standard 12, Research: The chaplain remains informed of relevant developments in evidenced-based and best practices in chaplaincy care through reading and reflecting on the current research and professional practice; and, where practical, collaborates or provides leadership on research studies.

Standard 13, Knowledge and Continuing Education: The chaplain takes responsibility for continued professional development and demonstrates a working knowledge of current theory and practice as appropriate to the chaplain's professional setting.

Standard 14, Technology: The chaplain appropriately uses technology to enhance delivery of care and to advance the work of the profession.

Standard 15, Business Acumen: The chaplain values and utilizes business principles, practices and regulatory requirements appropriate to the chaplain's role in the organization.

HISTORY

Chaplains of diverse faith traditions have provided spiritual and religious care in a variety of contexts for centuries. Those settings have included the military, schools, various health care organizations[2] and other places of work. As the profession has matured, there have been a series of documents developed to guide chaplains in their work. An early example of such a document among health care chaplains grew out of a 1939 address by Chaplain Russell Dicks from Presbyterian Hospital in Chicago. He delivered the address at the annual meeting of American Protestant Hospital Association (APHA). He gave a lecture entitled, "The Work of the Chaplain in a General Hospital." This speech influenced the APHA to appoint a committee to write standards for chaplaincy and to appoint Dicks as chair. The standards were adopted at the 1940 APHA annual meeting.[3]

Over the years, these initial standards were revised. As the chaplaincy groups matured, they established standards for becoming certified as chaplains. In 2004, major North American chaplaincy, counseling and education groups[4] met as the Council on Collaboration, forerunner of the Spiritual Care Collaborative[5], and affirmed the foundational documents that included *Common Standards for Professional Chaplaincy,* which are certification *competencies*, and a *Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.*[6]

In 2008, the Association of Professional Chaplains' (APC) Commission on Quality in Pastoral Services brought together leaders in health care chaplaincy to work toward consensus about standards. The first work group focused on minimal but essential standards of practice for board certified chaplains[7] in acute care hospitals. Standards of practice are authoritative

statements that describe broad responsibilities for which practitioners are accountable, "reflect the values and priorities of the profession," and "provide direction for professional … practice and a framework for the evaluation of practice."[8] Models in social work and nursing, as well as models in Australian and Canadian chaplaincy, informed this work and provided catalysts for identifying and briefly explicating standards of practice. These standards were accepted by the Association of Professional Chaplains in 2010 as *Standards of Practice for Professional Chaplains in Acute Care Settings.*[9]

Out of recognition of the important and distinctive work professional chaplains do in other contexts, the APC Quality in Chaplaincy Care Committee convened subsequent work groups to create additional context-specific standards of practice documents. Their work produced *Standards of Practice for Professional Chaplains in Long-term Care Settings* in 2012[10] and *Standards of Practice for Professional Chaplains in Hospice and Palliative Care* in 2014.[11]

Then, in fall 2014, the APC Quality in Chaplaincy Care Committee shifted its approach. This grew out of the recognition that the three previous standards of practice documents were remarkably similar. This was judged to be evidence of common standards of practice for professional chaplains across all of the varied contexts in which they serve. Though there are certainly ways those standards are uniquely formed by context, the committee proposed the creation of a new *Standards of Practice for Professional Chaplains*. A task force of professional chaplains from a variety of backgrounds and contexts was enlisted to draft this document.[12] The plan was for subsequent context-specific documents to supplement this description of qualities and skills common to all professional chaplains.

ACCOUNTABILITY

This *Standards of Practice for Professional Chaplains* document is a fluid document that will change as chaplaincy continues to mature and as situations change. It is a project of the APC Quality in Chaplaincy Care Committee, which is responsible for the promotion and maintenance of the document.

GLOSSARY

APC Code of Ethics. Gives expression to the basic values and standards of the profession, guides decision-making and professional behavior, provides a mechanism for professional accountability, and informs the public as to what they should expect from professionals.[13]

best practice. Refers to a technique, method or process that is more effective at delivering a particular outcome, or a better outcome, than another technique, method or process. Best practices are demonstrated by becoming more efficient or more effective. They reflect a means of exceeding the minimal standard of practice.

care provider. Any volunteer, friend, family or professional who provides care to the care recipient.

care recipient. A person who receives chaplaincy care from a chaplain.[14]

chaplain. Throughout the standards of practice, "chaplain" refers to associate or board certified chaplains who have met all of the requirements of the *Common Standards for Professional Chaplains.*[15]

chaplaincy care. Care provided by a chaplain, or by a student in an accredited Clinical Pastoral Education program, including spiritual, emotional, religious, pastoral, ethical and/or existential care.[16]

***Common Standards for Professional Chaplains* (a.k.a. certification competencies).** These competencies define what knowledge, skills and training are required to be a professional chaplain.

evidence-based chaplaincy care. Chaplaincy care based on "an integration of best research evidence, [professional] expertise, [care recipient] preferences and circumstances, and an awareness of the [professional] setting and resource constraints."[17]

intervention. Any act, with or without words, originating in the chaplain's assessment, offered or intended for another's healing or well-being.

plan of care. A plan intended for another's healing or well-being based on the needs, hopes and resources of the care recipient.[18]

quality improvement. A management philosophy that emphasizes an ongoing effort to improve the effectiveness and efficiency of processes and products.

religion. "An organized system of beliefs, practices, rituals and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power or ultimate truth/reality) and (b) foster an understanding of one's relationship and responsibility to others in living together in a community."[19]

research. A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.[20]

scope of practice. Parameters within which a professional works, determined by his/her competency, education and training, as well as applicable government or institutional laws, regulations, policies or rules.

spiritual assessment. An in-depth and ongoing process of actively listening to a care recipient's story as it unfolds in a relationship with a professional chaplain, and summarizing the needs and resources that emerge in that process. The summary includes a plan of care with expected beneficial outcomes.[21]

spirituality. "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred."[22]

standards of practice. Authoritative statements that describe broad responsibilities for which practitioners are accountable, "reflect the values and priorities of the profession," and "provide direction for professional … practice and a framework for the evaluation of practice."[23] They describe a function, action or process that is directed toward the care recipient to contribute to the shared goal(s) of the care recipient and care providers.

well-being. The condition of health and wholeness in spirit, mind and body.

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[1] Adapted from Dan Murphy, an e-mail response to "Standards of Practice Responses," "Standards of Practice for Professional Chaplains in Health Care Settings." *PlainViews* Volume 6, No. 2. February 18, 2009. www.plainviews.org. Revised in 2015.

[2] Acute Care, Geriatrics, Hospice, Long Term Care, Mental Health, Palliative Care, Pediatrics, etc.

[3] W. R. Monfalcone. "General Hospital Chaplaincy," in R. Hunter (Ed), *Dictionary of Pastoral Care and Counseling*, expanded edition. Nashville, TN: Abingdon Press, 2005. 456-57; John Thomas and Mark LaRocca-Pitts. *Compassion, Commitment & Consistence: The Rise of Professional Chaplaincy.* The Association of Professional Chaplains, 2006. 2.

[4] American Association of Pastoral Counselors (AAPC), Association of Professional Chaplains (APC), Association of Clinical Pastoral Education (ACPE), Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP, National Association of Catholic Chaplains (NACC), and the National Association of Jewish Chaplains (NAJC).

[5] The Spiritual Care Collaborative was from 2007 through 2012 "an international group of professional organizations actively collaborating to advance excellence in professional pastoral and spiritual care, counseling, education and research."

[6] http://www.professionalchaplains.org/files/professional_standards/common_standards/common_standards_professional_chaplaincy.pdf

[7] http://bcci.professionalchaplains.org/content.asp?pl=25&contentid=25

[8] American Nurses Association. *Nursing: Scope and Standards of Practice.* Silver Springs, MD: American Nurses Association, 2004. 77.

[9] http://www.professionalchaplains.org/files/professional_standards/standards_of_practice/standards_practice_professional_chaplains_acute_care.pdf

[10] http://www.professionalchaplains.org/files/professional_standards/standards_of_practice/sop_longtermcare.pdf

[11] http://www.professionalchaplains.org/files/professional_standards/standards_of_practice/standards_of_practice_hospice_palliative_care.pdf

[12] Participants in the task force included, Karen Ballard, Anna Lee Hisey Pierson, Mark LaRocca-Pitts, Jan McCormack, Brent Peery, Michael Tarvin, and Jana Troutman-Miller. Task force members represented experience in the following professional chaplaincy contexts: acute care, crisis/disaster, geriatrics, hospice, long-term care, mental health, military, palliative care, pediatrics, sports, & workplace.

[13] http://www.professionalchaplains.org/Files/professional_standards/professional_ethics/apc_code_of_ethics.pdf

[14] Depending upon the context, care recipients can be more specifically athletes, faculty, clients, community members, customers, employees, health care professionals, inmates, military service personnel, patients, residents, students, etc.

[15] http://www.professionalchaplains.org/files/professional_standards/common_standards/common_standards_professional_chaplaincy.pdf

[16] Brent Peery. "What's in a Name?" *PlainViews* Volume 6, No. 2. February 18, 2009. www.plainviews.org.

[17] Kevin Adams. *Patterns in Chaplain Documentation of Assessments and Interventions, a Descriptive Study*. Unpublished PhD Dissertation. Richmond, VA: Virginia Commonwealth University, 2015.

[18] Larry VandeCreek and Arthur Lucas, Eds. *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy*. Binghamton, NY: Haworth Press, 2001. 8.

[19] Harold Koenig, Michael McCullough, and David Larson. *Handbook of Religion and Health.* New York: Oxford University Press, 2001. 18.

[20] Department of Health and Human Services. "Protection of Human Subjects." Title 45 Code of Federal Regulations, Part 46, Subpart D, Section 102. 2009.

[21] George Fitchett and Andrea Canada. "The Role of Religion/Spirituality in Coping with Cancer: Evidence, Assessment, and Intervention." in *Psycho-oncology*, 2nd ed., Jimmie Holland, Ed. New York: Oxford University Press, 2010.

[22] Christina Puchalski, Betty Ferrell, Rose Virani, Shirley Otis-Green, Pamela Baird, Janet Bull, Harvey Chocinov, George Handzo, Holly Nelson-Becker, Maryjo Prince-Paul, Karen Pugliese, and Daniel Sulmasy. "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference." *Journal of Palliative Medicine* Vol. 12, No. 10, 2009.

[23] American Nurses Association. *Nursing: Scope and Standards of Practice.* 77.