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Introduction

Welcome to the Compassionate Care Care Ministry. Our Vision is:

“To provide a presence and message of love to those who are experiencing life’s challenges, such as health, mobility, isolation, or spiritual uncertainty.

Compassionate Care Ministry provides the opportunity to be with people at critical times in their lives, and therefore is a call to provide an opening for Spirit to work through us. This requires the consciousness of selfless service, which is different from the classic model of volunteering in these ways:

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<th>Selfless Service</th>
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<td>Attachment</td>
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<td>Obligation</td>
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As you answer the call to serve in the Compassionate Care Ministry, you will find out what these four themes of selfless Service mean to you … being, non-attachment, love, and oneness.

Above all, remember that your work is sacred work. Take a moment to be quiet, center yourself and pray before and after each visit or call, dedicating your service to the indwelling Spirit who expresses as us all.
Compassionate Care Ministry Basics

A Compassionate Care Ministry member is someone who is:

- Open to others
- Willing to be non-judgmental
- Willing to put aside personal beliefs
- Able to listen without attempting to solve problems
- Able to maintain confidentiality

You Represent the Home of Truth Spiritual Center (THOT)

Because you represent THOT, it is important to stay in alignment with the spiritual principles presented here. You are expected to be familiar with New Thought principles, but you are not expected to teach. Indeed, it is best to interact with clients from the viewpoint of their understanding, rather than presenting yours.

Peer Support Model

Compassionate Care Ministry members are not in the role of experts or professionals, but rather in the role of peers giving support & encouragement to others. The basic premise behind peer support is that people can solve their own problems. Therefore, your role is not to solve problems, but to be present in a loving way as people find their own solutions.

We do not advise or interpret, for we know that other people understand their own thoughts and feelings better than we can understand for them. Our presence and active listening helps clients clarify their own thoughts and feelings.
In spiritual care, we do not give advice, express pity, or think we have to rescue others. Rather, the language and attitudes of spiritual care are:

- Empowering
- Positivity
- Accepting
- Life-Affirming
- Loving
- Understanding

Confidentiality

To ensure the integrity and effective service of the Compassionate Care Ministry (CCM), all information related to our interactions in this role remain confidential. This means that essential information that is shared among CCM volunteers regarding the person’s condition or requests is held in confidentiality by each of us.

If it happens that you work with two or more members of the same family, relationship or group, you may not share any information between or among them, including information that seems unimportant or helpful. It is not your job to decide what one family member should know about another; it is your job to maintain integrity of service by keeping confidentiality.

Should you have questions about a visit, you may speak with the CCM Coordinator or the designated Spiritual Leader who are both bound by confidentiality. You may also bring questions to CCM meetings, where you can speak of the situation without identifying names or identifying details, and get support or suggestions from other CCM participants.

If you are ever in doubt as to the appropriate handling of a situation, or if you are unsure of how to respond to a request for information from someone outside the CCM regarding an individual, contact the CCM Coordinator.
Setting Limits

It is important to be honest with yourself about what you are willing to do. We may be hesitant to set limits on our time and service, wondering how to do so in a supportive manner. But if we don’t set limits, frustration and resentment could build up.

Setting limits does not mean we don’t provide the best possible service. It simply makes clear what we will do, so that the individual being served will know what to expect. For example, rather than bring a visit to an abrupt or awkward end, you can state at the beginning just how long you expect to stay, and therefore can end the visit with tact and understanding.
The Compassionate Care Ministry Process: Receipt of Request, Visit, and Follow Up

♥ When someone in our spiritual community would like a Compassionate Care visit, s/he either puts a request into the Prayer box on Sunday, or calls the Compassionate Care Ministry number at (510-522-3366).

♥ These requests are received by the CCM Coordinator or other designee who checks the CCM voice mail regularly.

♥ The CCM Coordinator or designee returns the calls to get more information.

♥ The CCM Coordinator sends an e-mail to the Compassionate Care e-mail group with the information regarding the requested visit.

♥ If you are available to respond to the request, reply to the e-mail group, indicating when you plan to visit.

♥ Toward the end of your visit, find out what is needed/desired going forward.

♥ After the visit, e-mail the CCM e-mail group to report back on your visit, what the person would like next, and any other information you think is important.

♥ If there is anything unusual about what is requested/desired, you have the option of reporting back just to the CCM Coordinator.

♥ At the end of the month, the CCM Coordinator sends CCM volunteers a summary report about who was visited, and who made the visit during the month.
Note: New CCM volunteers may feel a bit shy about making their first visit. If this happens to you, please consider going with another CCM member.

To arrange this, you can:

1. E-mail the CCM group to let them know you are looking for a partner to go on the visit with you.

2. Contact the CCM Coordinator, who will make suggestions.

3. Keep your eyes open for any e-mails that are sent inviting people to partner on a visit.
Supportive Listening

For the people we visit, the knowledge that they are understood is a vital part of our support. This requires us to let go of preconceived ideas and pay close attention to what they are saying. We do not have to agree or disagree with them, only to be willing to comprehend what is going on with them. The guidelines and techniques provided here will help to do this.

General Guidelines

- Be open to quietly listen being non-judgmental
- Do not take responsibility for what is going on for the individual. You are not there to fix anything.
- Do not try to interpret what is going on. You don’t have all the information.
- Stick with the here and now.
- Keep yourself out of it: don’t show off or ask questions to satisfy your own curiosity.
- Don’t give advice - even if it’s disguised as a question, e.g., “Have you thought of throwing him out?”
- Keep your questions clear, simple and relevant to the person.
  Avoid using the question “Why?” as it can cause people to become defensive.
Unsupportive Listening

Unsupportive listening results from of not listening long enough, or from listening in a way that does not lead to understanding. It is often the result of being eager to talk. Unsupportive listening also includes not recognizing when the speaker simply wants to be listened to and does not desire to be fixed.

The language we use - both word choice and tone of voice - indicates if we think the speaker should not have his or her opinions or feelings. Without directly saying it, these phrases relay that judgment:

“You must try...” “you have to stop...” (Ordering)
“You had better...” If you don’t, then...” (Warning)
“You should...” “It’s not nice to...” (Admonishing)
“Do you realize...” “The facts are...” (Arguing/Lecturing)
“Why don’t you...” “Let me tell you about...” (Advising)
“You aren’t thinking about this properly...” (Criticizing)
“Don’t worry, you’ll feel better...” (Sympathizing)
“What you need is...” (Diagnosing)
“That reminds me of the time when I...” (Diverting)

If people perceive they are getting one of these messages, they may become defensive, and either justify their position further, or close off entirely. If that happens, trust has been lost, and may be hard to regain.

The alternative is to acknowledge the speaker’s thoughts and feelings by neutrally and non-judgmentally stating what you have understood.
Recall a time when you were speaking, and you felt that you were NOT being heard by the other person(s).

What was your listener(s) doing that gave you the impression they were not hearing and understanding you?

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Recall a time when you were speaking, and you felt that you WERE being heard by the other person(s).

What was your listener(s) doing that gave you the impression that they had heard and understood you?

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Supportive Listening

Supportive listeners put aside their own thoughts, and pay attention to the speaker’s point of view. Three techniques that assist in doing this are listening silently, paraphrasing, and asking open-ended questions.

1. Listening Silently

Although it may seem difficult to remain silent, silence can be more beneficial than words in allowing someone to sort out their feelings or thoughts. Listening silently also demonstrates that you are there to listen to their experience, not to talk about your own.

2. Paraphrasing

A paraphrase is a brief, tentative statement that captures the essence of what the speaker just said, leaving out details. It conveys the same meaning, either with different words, or with the speaker’s own words. It is considered tentative because it allows for the speaker to make a correction in the listener’s (or their own) understanding.

Why Use Paraphrasing?

To show that you are listening and that you are doing your best to understand. To relay “I am with you.”

To check your perceptions. When you paraphrase what you think the person has said, s/he can let you know whether it is accurate.

To clarify what the speaker has said. Hearing an accurate paraphrase of what they have just said helps the speaker clarify what they are thinking and feeling, and often brings up new thoughts and feelings.
How to Use Paraphrasing

An effective way to start a paraphrase: “What I think I hear you saying is…”

“Let me see if I’ve got it right…”

“It sounds like…”

“So, in other words…”

While paraphrasing, keep your words brief and tentative.

An effective way to end a paraphrase: “Is that right?”

Note: Since listening and paraphrasing requires concentrated attention, it can be helpful to practice with a friend.

3. Asking Open-Ended Questions

Closed-ended questions are answered by “yes” or “no” or by one or two words. They bring a stop to the flow of conversation. They begin with words like “is” or “do.”

Open-ended questions cannot be answered in one or two words, so they invite others to talk. Open-ended questions can be used to:

Start a conversation: “What would you like to talk about?”
   “What’s going on with you?”

Clarify or elaborate: “What do you mean by…”
   “What is it about this that bothers you?”

Encourage solutions: “What is your opinion?”
   “How do you feel about these options?”
   “What do you think is the best thing?”

Elicit feelings: “How do you feel about that?”
   “What would you like to say to him/her?”
A note about discussing feelings: Some people may be uncomfortable when asked about their feelings concerning delicate issues, and not want to continue the conversation. To avoid this, you can ask “What do you think about that?” Focusing on the issue often will elicit feelings, too.

Also note that when discussing feelings, it is important to avoid:

Saying “I know how you feel.” Besides not being true, this phrase negates the uniqueness of the person’s situation.

Using clichés statements such as “Well, everyone has to go through it sooner or later,” or “Every cloud has a silver lining.” demean the importance of the person’s experience.

Supportive Listening also involves:

1. **Eye-contact.** Look at the person as much time as seems comfortable for them. This communicates interest, caring, and being present.

2. **Open and Relaxed Body Language.** It is important to avoid distracting gestures or fidgeting, and to be aware of the personal distance appropriate to the situation. You want the person to feel at ease with you. An open, relaxed facial expression is also important.

3. **Polite attention.** Do not interrupt, or change the subject. You are there to listen, not to talk. (Remember to turn off or silence your electronic devices.)
The act of visiting someone who is in the hospital or shut in is an event of mutual blessing. For the guest/visitor, being invited into people’s lives at critical times is an intimate and sacred privilege. For the host/client, a visit from a kind, caring person, and attention from friends and family are health-giving because they express Divine Love. Your very presence is the most important thing you give others.

We meet individuals on their “turf” whether visiting at home or in a hospital room. The following suggestions allow you to present your best self.

**Basic Suggestions for a Visit**

Dress neatly, showing respect for the one you are visiting. Clothing color and attractiveness can help lift the spirit.

Do not wear scents, as they can be unpleasant to people on medications, and some people are allergic to them.

Wash your hands, both before and after the visit.

Do not make a visit if you yourself are ill.

Keep your voice in a normal conversational tone when speaking.

Remember that a positive attitude and pleasant expression offer a clear message of caring and attention.

Try to visit before or after mealtime so that the individual you are visiting can eat without distractions, as nourishment is an important aspect of the healing process.
Make sure the individual doesn’t feel the need to entertain you. Even though being quiet could be best, the client might feel the need to tell stories. In this case, you can gently redirect the conversation, offering to read, pray, or simply asking a question like “How may I support you spiritually?”

Do not discuss the client’s illness or health concern unless the client initiates the conversation. Do not share information about the diagnosis. Focus on the healing, not the illness, keeping in mind Divine Wholeness.

Do not touch, bump, or sit on the bed, or put your foot on the railing. This can be disturbing. Sit in a chair.

If you pray, make the prayer personal and easy to listen to. Do not touch the individual, unless there is a clear invitation (verbal or nonverbal) to do so.

Quietly sitting with someone and letting him/her know by your presence that you care can be the greatest gift of all.

Stay centered in knowing that you are an expression of God’s Love.

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*Thank you with all my heart for your loving kindness during my hospital experience. You all made such an impact on being able to focus my thoughts on healing rather than fear because of your love for what you do.*

--A Compassionate Care Recipient
The Six Main Stages of a Visit

Any visit, whether in person or by phone, progresses through six stages: preparation, greeting, conversation to clarify desired support, response, leave taking, and personal closure.

1. Preparation

In preparing for a visit, remind yourself of your purpose. You might read our mission statement. Take the time to pray before entering the hospital or home. Being grounded in Spirit and in our Ministry mission will infuse and uplift the visit. It is also a good idea to review whatever key points in this manual are helpful to you, whether about listening or visits.

2. Greeting

Introduce yourself, explaining that you are from the Compassionate Care Ministry of the Home of Truth Spiritual Center and bring love and support from THOT community. State that you have come to visit and to see if you can offer spiritual support. Indicate how long you can stay.

3. Conversation

Statements and questions that are focused and caring are comforting during difficult times. Your goal is to allow the individual to feel comfortable and at ease, and to find out what sort of spiritual support they desire,- a reading, prayer, etc.
4. **Response**

Per the desire of the individual, you might offer a prayer, you might meditate with them, or you might read from an inspirational book. If they ask for your response to spiritual questions, you can use open-ended questions and paraphrasing to help them clarify their own spiritual understanding.

5. **Leave Taking**

Let them know that you’ll be leaving soon (e.g., “in a few minutes”), allowing enough time to ensure that no one feels rushed. Before saying goodbye, determine what spiritual support they would like going forward - e.g., more visits, ongoing prayer from the CC Ministry or from the Certified Prayer Chaplains. If their need for spiritual support are greater than your ability to provide, let the CCM Coordinator know & the next step will be arranged.

6. **Personal Prayer and Closure**

Allow time after the visit for personal prayer and re-centering before resuming your daily activity. Your prayer can be one of gratitude for the opportunity to be of service in such a loving way. Then, allow as much time as you need to comfortably integrate this sacred experience into the routine of your day. Try not to rush back into a busy schedule, but rather treat yourself especially well - sitting in meditation, enjoying a pot of tea, taking a relaxing bath, resting quietly for a period of time - and acknowledge your expanding heart for responding to the need of another divine being in such a special way.

If anything about the visit disturbs you, please call the Compassionate Care Ministry Coordinator or one of the Certified Prayer Chaplains for assistance. You may also bring your concerns to a CCM meeting. Fellow CCM members can give you some of the best support, because they understand about providing this sacred service.
About Hospital Visits

Hospitals have rules, and it is important to follow them. Turn off your cell phone. Be sure you know ahead of time what the visiting hours are and the availability and cost of parking. When walking on uncarpeted hospital corridors or rooms, try to be as quiet as possible.

If the patient’s door is closed, do not enter without the nurse’s permission. Check to see if the person prefers the door closed. If family or friends are present, do check in with both them and the patient to see if they would prefer you to come back another time.

Keep your visit short. Five to 20 minutes is usually sufficient. If the patient is sleeping, do not disturb him or her. Instead write a note and leave it on the bedside table. A preoperative prayer visit is usually briefer than a convalescent visit. You may plan to sit prayerfully in the hospital chapel or in the waiting room during surgery. As you visit, do not focus on the diagnosis, but keep in mind that the wholeness of God is expressing in, through, and as the individual.

Find out how long the client is expected to stay, and if appropriate, arrange another time to visit. For patients leaving the hospital soon, you can ask if they would like support once they get home and communicate this to the CCM Coordinator. Or you can leave a Spiritual Support Card and invite them to call CCM message line once they get settled.

Emergencies: If you are called to the hospital for an emergency visit (accident, sudden illness, etc.) you may encounter family or friends needing your assistance even more than the patient. You are there to give whatever spiritual support is needed.
About Home Visits

Most of the guidelines for hospital visits apply to home visits as well. Introduce yourself and indicate how long you can stay; be cheerful; look your best; keep it short. A home visit may be longer than a hospital visit, but be sure to shorten your visit if the individual gets tired.

When you visit a person in their home you are there to do the same kinds of things you would do during a hospital visit: talk, read, pray, etc. A difference between hospital and home visits involves boundaries - you need to be clear about what it is that you are available to do. You are not there to wash dishes or go to the grocery store or drive the client to a doctor’s appointment, and you may need to gently explain this. If asked, let them know they can call the CCM Coordinator regarding special needs/requests for assistance.

Unlike a hospital visit, you can’t just drop in. When you are planning a home visit, call to arrange a specific time. If you visit someone several times over an extended period, you might have a regular appointment and develop a relationship with him or her. You may come to care for the person deeply, in which case, if he or she dies, you may feel grief. Remember that you can ask for support from CCM members or Certified Prayer Chaplains. We are here to support each other and grief support is one of the services we offer.

Please note: It is possible to feel uncomfortable with an individual requesting support. There is no judgment attached if that occurs, simply ask the CCM Coordinator to assign someone else. You can also consult one of our Certified Prayer Chaplains chaplains for spiritual support and assistance with emotional closure, or if you have lingering concerns.
Visiting the Senile or Confused

This is a time to be compassionate and sensitive. Disoriented people may need your help to be aware of where they are, what day it is, etc. Introduce yourself each time you visit, and recall things that will help them to remember your last visit. Senile or confused individuals can seem to experience feelings as though they are in a vacuum. A gentle touch may bring them back to the present, crossing mental blocks and barriers. Always be gentle in spirit.

Often visitors to group homes ignore senile or confused people. Show acceptance, and you will affirm good things in the individual. Most are not confused all of the time and are aware of people’s reactions. Do not discuss the confused person’s condition in their presence. Do not treat the confused person like a child. Be respectful and courteous.

Sometimes senile individuals fantasize that something terrible has happened or will happen. This can make them very anxious. Be calm and gentle. Comment that the person may have had a “bad dream.” It may be enough just to notice that they are worried.

Don’t be tempted to “go along” with impossible stories told by a senile or confused person, but don’t flatly contradict them either. Do not deny their experience, as it may be very real to them and would only serve to increase their confusion. Saying something understanding like, “you must really wish your mother were alive and here with you,” or “it must be comforting to you to feel your mother is so close to you,” is far more compassionate than “Your mother has been dead for 20 years.”

Keep your visits short. Senile individuals have short attention spans and drift away easily. It is best to visit alone rather than in groups. It is less confusing for the person you are visiting.

Learn about their past. A senile person may have poor recall about recent events, but can talk logically and clearly about events of 15 or even 40 years ago.
Important Information for the Compassionate Care Ministry

Chances are that you will not experience any of the following situations while you are in service to this Ministry, but it is important that you know what to do, should they arise.

1. Sexual Conduct
The ethical standards of Home of Truth Spiritual Center prohibits a romantic relationship between a spiritual leader and any person with whom he or she has any ongoing ministerial relationship. For Compassionate Care Ministry members, it is important to realize that you are visiting with individuals at a vulnerable time in their lives, when they are emotionally open. You are therefore not allowed to pursue a dating relationship with anyone that received CCM services from you.

2. Mandated Reporting
Mandated Reporters must report child abuse or elder abuse within 24 hours by calling either Child Protective Services (1-800-870-7074, or 510-259-1800) or Adult Protective Services (1-866-225-5277 or 510-577-3500). You no doubt already know this if you are a Mandated Reporter (therapist, Licensed Prayer Practitioner, etc.). If you are not a Mandated Reporter and one of these situations arises, please call the CCM Coordinator. If you are a Mandated Reporter, please file your report and also notify the CCM Coordinator.

3. Criminal Intent
If someone speaks of their intention to break the law, know that you are not legally required to report this, although, depending on the seriousness of the intention, ethics and conscience might compel you to do so. If you have a question or concern, contact the CCM Coordinator. If it really seems to you like someone is in imminent danger, follow your intuitive sense to call the police.
4. **Suicidal Intent**

If a client mentions suicide, be sure to give them these Suicide Prevention numbers:

- 1-800-SUICIDE (1-800-784-2433) [national, toll-free]
- 1-800-273-TALK (1-800-273-8255) [national, toll-free]
- 1-800-309-2131 (Alameda County Crisis Support Services)

Although you have no legal requirement to do this, ethics and conscience might guide you into action.

Get a sense of whether this is just a casual thought, or if it is an actual intent, with a plan. One key thing to assess is if the person has any plans for the future (which would indicate that their intention to commit suicide is not imminent). Another key question to ask is if they have other support systems (therapist, etc.). For any questions you may have, contact the CCM Coordinator.

If the person says that they are going to commit suicide NOW, follow your best sense as to whether you should call the police.

Even if requested, never pray for someone’s successful carrying out of a suicide. You can always pray for the perfect expression of life. Should this come up, be clear to say, "Although I cannot pray for your request, I can pray for your highest good and the perfect expression of life in you."

5. **Driving Requests:** If you are ever in a situation of being asked to transport an individual, please politely decline. The Home of Truth is not able to provide liability insurance to cover potential incidents/accidents. Therefore, transportation is not authorized by The Home of Truth. (Note: This policy specifically applies to CCM visits.)

6. **Additional Support:** Should you be asked about additional support services, you can refer them to the Alameda County Social Services Telephone Helpline: 510-537-2552 or call 211 for available resources.
In Closing

Remember that what we do for another, we are also doing for ourselves, for **there is only One**. Remember, too, that at the same time, you represent the Home of Truth Spiritual Center. You are also supported by THOT community - the Ordained Ministers, the Certified Prayer Chaplains, as well as the full cadre of CCM volunteers. Use the Center’s spiritual resources to support you in your calling. Finally:

**Know that you are a blessing, and that you are both appreciated & loved!**