

Church Life

Coronavirus Pastoral Care: Chaplains Share Advice from the Frontlines

Coronavirus

Relationships

By Multiple Contributors and Grace Ruiter

R esponding to the novel coronavirus means physically isolating ourselves from our loved ones when they need our care most. Many of us (pastors and laypeople alike) are wondering what we can do to support the people who need pastoral care in our communities and churches during the COVID-19 pandemic. In their work, chaplains are often called upon to offer pastoral care and spiritual support to people who are in difficult circumstances. In fact, many of them minister in hospitals and healthcare settings and have a wide breadth of experience providing spiritual care amid sickness, pain, and loss.

We asked chaplains to share their thoughts on providing compassionate care for vulnerable church members, friends, and family during the coronavirus outbreak. Here's what they told us about how they are responding and what they recommend you do to help the people who are most vulnerable in your community and church.

Responses have been lightly edited and condensed for clarity.

Pastoral care for the whole church

Sarah Kok - CPE Resident, Cleveland Clinic, Cleveland, OH

I like <u>this short video of Brené Brown talking about empathy</u> as a tool to help us care for each other better. Empathy can mean asking ourselves: is my anxiety making me jump to easy solutions and ignore someone else's pain? Am I afraid of this person's sadness and that's why I'm having trouble finding the time to call them? Remember that there is a lot to be angry about these days, and anger that we don't have the power to fix can be difficult to hear. No one has easy answers, but any time we take to connect with people going through hard times can mean the world.

Susan Dorward, Chaplain for Developmentally Disabled, Eastern Christian Children's Retreat, Wyckoff, NJ

I've been asking my shut-ins—including those in nursing homes and the hospital bound—to help us! We give them a list of names of people and situations to pray for; in some cases, we sent cards and stamps and asked them to send a card each week to three people and to include words of comfort, Scripture and a prayer. If they can make masks or prayer shawls, we drop off the supplies. Giving people purpose also empowers them to feel they are a part of the church family and helping in the cause, not just receiving care. I've seen a huge turnaround in people's attitudes.

John D. Barry – Recently commissioned active duty Army chaplain, Faith Reformed Church, Lynden, WA

When COVID-19 swept through, the problem most churches "fixed" right away was finding a way to deliver a Sunday morning worship service. But delivering a service is only half the battle. **There are two major additional problems to address:**

- 1. Serving those who do not have the Internet.
- 2. Ensuring 'connection' times for everyone in the congregation.

Isolation is a great enemy that causes lasting damage. We need to be thinking about helping people feel connected from afar. Provide a way for people to join services, Bible studies, and prayer time by simply calling a phone number. Ensure that everyone who may not get email gets a direct phone call with the connection information. Elders can step up for helping with that.

A critical point: As pastors, we're not in the business of "product" but "people." Think about addressing people directly, crossing the metaphorical precipice of their door by speaking to their felt needs.

Pastors, sit at your desk and look congregants right in the eye (through your webcam). Tell them God is for them, God is with them, and God is present. Flex those chaplaincy skills. Then, think about how your times of online worship and Bible studies can be a way for people to be heard and share in life together. Be less concerned about your presentation and more about caring for souls. "Presence ministry," albeit remotely, is what is needed in a time like this.

Katherine Lee Baker, Metro Health, Grand Rapids, MI

Equipping parish and community members with at-home liturgies and discipleship resources can help immensely with a feeling of connection and being caught up in our "great cloud of witnesses."

Brian Dykema, Hospice Chaplain, The Community Hospice of Saratoga County, Saratoga Springs, NY

I know it seems very simple, but sending greeting cards and letters, rather than emails and tweets. Call me old fashioned, but I have seen more people feel happy, grateful, and loved through something that they can hold in their hands. We can say so much with a pen more than we can through social media.

Tim Dunn, LCADC, LCSW, Mental Health Chaplain, Christian Health Care Center, Wyckoff, NJ

Psychiatric patients have been sharing with me their fears and anxiety about being discharged from the inpatient unit, where they feel safe, to the outside world of the pandemic. I've been listening to their concerns, giving support and discussing possible support networks via social media. Some health care workers have been sharing with me about the stress and frustrations they face during the pandemic. I listen, empathize, and offer prayer and/or a *Guidepost* booklet on *Reflections for Caregivers* by Shelly Beach. I've found being available and present for those concerned and burdened by the pandemic has led to surprising experiences of ministry.

Tim Ehrhardt, Chaplain Resident, Aurora St. Luke Medical, Milwaukee, WI

Step up the online presence, being aware of your own skills/limitations. Nobody expects us to be webmasters. Do what we can. Connect in ways that are true to your own self.

Pastoral care in hospitals and residential care facilities

Lars Bucket, Spiritual Care Coordinator, Memorial Hospital in South Bend IN.

I have asked all community clergy to have any church sewing groups make washable masks for hospitals/nursing homes, and for children's ministry folks (and students doing e-learning) to scan in cards for patients who don't get to have visitors. (South Bend students are emailing me Google docs.)

Paige Puguh, Hospital Chaplain, ThedaCare Regional Medical Center, Appleton, WI

I know it means a lot to a patient (who only gets one visitor a day) to receive phone calls from their pastors/deacons. Families need phone check-ins too since they are not able to come and see their loved one who is ill. This often raises their anxiety.

Rachel Brownson, Hospital Chaplain, University of Michigan Hospital, Ann Arbor, MI

I affirm phone support for anyone in the hospital—our visiting policy is getting more and more draconian for extremely good reasons, but it makes for a lonely and scary admission for both a patient and their family. Helping angry families understand why such policies are necessary is also helpful.

Congregants can help their neighbors in a super tangible way by giving blood; there's a nationwide critical shortage of blood that is already affecting the kind of care our patients have available to them. Also, donate Personal Protective Equipment (PPE) to local hospitals.

Leigh Boelkins Van Kempen, Director of Pastoral Care, Resthaven

Care Community, Holland, MI

Many folks don't have their own phones in residential care, but if they do, a phone call can be helpful.

Talk about life in general without focusing too much on COVID-19 because that can be stressful to the resident. Your job is to encourage, not add to their anxiety. Since you may be isolated too, you could reminisce about church activities that would normally be on the church calendar. Or you could reminisce about the experiences you might have shared with this individual. You could read some Scripture. Don't be afraid to pray on the phone. It may feel a little awkward the first or second time, but it is a very familiar way that the church extends God's grace.

Send regular notes or cards that have the person's name. Make it clear in cards how the sender is connected to your church (e.g., Dear Andy Bossardet, God's Blessings, from Leigh Van Kempen, elder at Hope Church). Your note may need to be read to the resident by an aide or activity staff member, and this helps them explain who the card or note is from.

We have tried to accommodate residents/families by providing FaceTime opportunities with family members, but that has been less successful than we had hoped. It feels awkward to those who are inexperienced with it, and it has caused some stress for the residents. Use your judgment. Some residents are physically frail, but cognitively intact. They are the best options for a FaceTime visit.

Remember the family members of those who are in the nursing homes. Just

as pastors and elders are not allowed inside, neither are spouses, children, and grandchildren. These family members need a phone call of encouragement as well. Pray with them on the phone, too.

Know that the staff members of the residential care facilities are doing their best to enrich the lives of their residents who are very isolated now.

Kathy Jo Blaske, Chaplain, and Phyllis Palsma, Chaplain and Director of Pastoral Care, Christian Health Care Center, Wyckoff, NJ

We encourage family and friends to connect with residents via Skype and FaceTime. Our staff will help facilitate this for residents. We welcome phone calls, balloons, cards, letters, and photographs for residents. We encourage family members to watch the same TV program as their resident loved one, so they can talk about it later. Do the same with a music recording, radio program, DVD, etc. Residents have enjoyed the Sunday worship services streamed or by phone from their own congregations. Area pastors have recorded brief video greetings. Choirs have recorded hymns/anthems to be published on YouTube/Facebook. As chaplains, we encourage and remind staff and nursing home/long-term care/rehab residents of God's grace.

Caryn Baham, CCRC Chaplain, Continuing Care Retirement Community, Friendship Village of Schaumburg, IL

The medical need to isolate is unavoidable. In my current position at a CCRC, this means residents are isolated, and many are in constant state of anxiety (as are the staff). No visitors are allowed in the facility. Phone calls mean the world to the residents. Mail is great as well, but the regulations around what is allowed in are constantly changing so do not send anything perishable. Just checking in makes a big difference. Asking what they need, sharing a thoughtful story—all connection is good.

Jan Fritzinger, CPE Resident, Poughkeepsie, NY

My mother-in-law's nursing care facility has created Skype/Facetime/Zoom for the patient and family. As a family member, you call the facility and schedule a time to connect with your loved one. When the time arrives, you click the link and the patient is at a computer screen. Of course, the employee sets things up and guides the patient. Also, phone calls, phone calls, and more phone calls from family members, congregants, and pastors.

Dan Kuik, Hospice Chaplain, Legend Hospice, Dallas/Ft. Worth, TX

Send letters and cards. Our volunteer coordinator had volunteers (kids) make cards for our 80-plus patients. I wipe down the paper as an extra precaution.

You may be able to have outdoor visits, following state and federal guidelines. Or "visit" patients through windows, following state and federal guidelines.

Offer whatever non-contact help is possible: getting food, making calls, mowing lawn, tree trimming, etc.

Darcy Lovgren Pavich, Residential Treatment Chaplain, Veterans Village of San Diego, San Diego, CA

Communication is essential in maintaining an atmosphere of calm. We are upgrading our WiFi to allow all residents access to continue with schooling, work, and communication with the outside world. Most of them feel safe inside and have no desire to venture into the community other than for their physical exercise. We have significant outside space in our facility as well.

Our staff are essential personnel. For many of our clients, we are the only family they have. Seeing that we are still there, modeling healthy behavior and not in a state of panic, means the world to them. We are attentive to the safety of our staff, and we also know that our presence at work, engaging with the residents safely, provides them a sense of well-being.

Since our classes are over 50 in size, I am reproducing my spiritual growth curriculum into independent studies and small discussion groups. This is still a work in progress. I've already run out of devotionals, Bibles, and other religious writings, which has never happened before.

James Claggett, Continuing Care Community Chaplain, Good Samaritan Society, Sioux Falls, SD

Our facility is on total lockdown: no visitors/family members. Many members are staying in their rooms. So we have found ways to bring the Word to them. We conduct worship services by broadcasting them internally to each room on a dedicated channel. We broadcast daily devotions and Bible studies. All meals are taken in rooms. I help deliver them—what a wonderfully beautiful ministry, offering one-on-one interaction and feeding the hungry.

We are working on virtual reality vacations. Imagine hang gliding or swimming with dolphins while never leaving the sun room. A suggestion for staying connected with loved ones: playing tic-tac-toe on the windows, with family members remaining on the outside and residents on the inside. This time is trying, yet can be a time of spiritual and emotional growth.

Pastoral care for medical staff and essential workers

Sarah Kok, CPE Resident, Cleveland Clinic, Cleveland, OH

Staff anxiety is high. There are a lot of prayers and blessings you can find online that it might mean a lot for medical and other essential workers, in addition to people in isolation, to receive by text or email. But I wonder if the very best might be one that you write yourself: a hope, blessing, or prayer that speaks to your connection with the people you are caring for.

Leigh Boelkins Van Kempen, Director of Pastoral Care, Resthaven Care Community, Holland, MI

Encourage doctors, nurses, aides, housekeepers, maintenance folks who are all still working, grateful for employment, but feeling the deep stress of this unknown time. Just like all of you, we're living with low-grade anxiety as things keep changing day to day!

Paige Puguh, Hospital Chaplain, ThedaCare Regional Medical Center, Appleton, WI

Please follow up with congregants who are in essential fields (such as healthcare, grocers, etc.) who worry about the implications on themselves and their families when they cannot stay home.

Also, check on your congregants in frontline fields such as chaplaincy. I've had many check on me and let me know they pray for my safety. It is a great encouragement during a very stressful time.

Zach DeWitt, Long Term Nursing Facility Chaplain, Coon Rapids MN

Urge healthcare providers to remember each other's humanity in the midst of the many emotions and to be aware of our own emotions and their effect on others. Also, give others a "break" for not always being in control of their emotions in the ways they usually are or would prefer.

Pastoral care in military service

Maury Millican, Military Chaplain, U.S. Army Reserve, Fort Hood, TX

The Chaplain Section in the US Army Reserve's Innovation Command in Houston, TX is calling every soldier in the unit. They are dispersed throughout the United States. The call is to say "We care" and to ask "What do you need?" Our desire is to pray with each soldier while honoring their faith tradition.

Andrew Brennan, National Guard State Support Chaplain, Michigan

How we're responding:

- Virtual worship services (many are also civilian ministers, so they're providing unit members with service details).
- Phone calls to service members on COVID-19 Response Orders.
- We are working with the creators of our Strong Bonds curriculum (PREP) to offer PREP for our families who are spending A LOT of time together.

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About the author



Grace Ruiter

Grace Ruiter is digital content coordinator for the Reformed Church in America.

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