

Portfolio: Culmination Phase Assignment

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Justification

The cognate of this research is Chaplaincy. This work is based at a children's hospital specializing in pediatric care. Where clinical chaplains support families spiritually and emotionally, regardless of their cultural and religious backgrounds, the reason for choosing this cognate is a strong motivation to deepen qualifications and skills in Chaplaincy to support families better. This commitment to enhancing skills and practice reflects a genuine desire to provide holistic care. The purpose of this research is to address not just spiritual needs but also emotional and psychological needs, and aid in avoiding further trauma and mental health issues that families may face during their most challenging and suffering times.

The Micro-Project chosen is to create three brochures. Creating brochures can be a valuable tool for clinical chaplains, significantly enhancing their ability to provide holistic and comprehensive support to families. Chaplains can utilize them as structured guidance. A well-organized brochure can provide a framework that outlines essential topics and questions to address during conversations with families. Through this, they can have consistency in care with more standardized information and processes. This consistency helps build trust with families as they can expect a similar level of support regardless of the chaplain they interact with. A brochure provides a clear and accessible way to convey information, offer assessment tools, highlight resource availability, and foster visual engagement. A well-designed brochure can make complex information easier to digest. Overall, the following brochures will serve as a valuable tool in equipping chaplains to provide more effective, compassionate, and well-rounded support to families during their most difficult moments.

The research will focus on the following topic. The problem is that chaplains at Valley Children's Hospital in Madera, California, lack effective strategies for addressing the mental

health needs of patients. At Valley Children's Hospital, chaplains often encounter families facing significant traumatic, emotional, and spiritual distress. However, the support provided can vary widely due to differing approaches, training levels, and personal styles among our staff chaplains. This inconsistency can lead to gaps in effective care, where families might not receive the comprehensive, holistic care they need during such vulnerable and critical times. Providing a standardized tool, such as a well-created brochure, can help clinical chaplains who may struggle to address all aspects of a family's needs, including emotional, spiritual, Psychological, as well as mental health concerns. This can result in missed opportunities for Holistic connection and support, ultimately impacting the overall patient and family experience.

As demonstrated in research, clinical chaplains fundamentally utilize the power of therapeutic, compassionate ministry of presence, a fundamental and powerful tool for helping others navigate their healing process. The aim is to educate new chaplains on this concept, as well as other essential concepts. Eric Benito, in his article, references Carl Rogers, who wrote on the power of a healing presence. "Then, simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience. Still, when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth, healing, and energy are present." ¹ Aiding

¹ Eric Benito and Martín I. Mindeguía, "La Presencia: El Poder terapéutico De Habitar El Presente En La práctica clínica," *Psicooncología* 18, no. 2 (septiembre 2, 2021): 371.

clinical chaplains to understand this concept can be challenging; however, the idea is to outline and reinforce it in the created brochures.

Creating brochures to educate and enhance the skills of new clinical chaplains and hospital staff officials in our work is based on the scriptural principle of providing comfort and support to those in need. In 2 Corinthians 1:3-4, it says, “Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all Comfort who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.” This verse speaks of God as being the “Father of compassion and the God of all comfort. It emphasizes the importance of comforting others in their troubles so that they, in turn, can offer comfort to those around them. The brochures will serve as a practical tool to guide and educate chaplains in their mission to reflect God’s compassion and ensure that families feel supported mentally, emotionally, and spiritually.

According to an article by the Spiritual Care Association, professional chaplains are also generalists in psychosocial care, collaborating with social workers and other mental health experts to provide unified psychosocial-spiritual care.² Through this, new chaplains can have consistency in care with more standardized information and processes. This consistency helps build trust with families as they can expect a similar level of support regardless of the chaplain they interact with. A brochure provides a clear and accessible way to convey information, offer assessment tools, highlight resource availability, utilize as a source for an official invite, and foster visual engagement.

² National Coalition for Hospice and Palliative Care, *Clinical Practice Guidelines for Quality Palliative Care*, 4th ed. (Richmond, VA: National Coalition for Hospice and Palliative Care, 2018),

Peer Review

In week four's announcement, Dr. Barnett's devotional thought inspired this research when he wrote, "We are spiritual beings, and yet we are human beings. Sometimes we favor the former only to neglect the latter. We must continually ask ourselves how we assisted our fellow men and women. What have we physically done to ease someone else's burden? Whom have we fed, clothed when they were naked and hungry, as Jesus taught us to do? In almost every situation, Jesus first met someone's physical needs before he fed their spiritual hunger. This is a good pattern for us to follow as well in a time when many needs are obvious." This devotional thought served as a cornerstone idea, offering clarity and direction. Ultimately, meeting the physical needs of others is a critical component, followed by meeting their emotional, psychological, and spiritual needs, which is the aim and core of this research.

Among the many valuable idea's peers offered on the discussion threads of the Defensible Micro-Project, Gregory Smith provided a helpful resource that is pivotal to this research. He pointed out one article in particular by Vignesh Sadras, which surveyed patients, healthcare professionals, and chaplains regarding the influence of clinical chaplains on patient care. The conclusion was quite interesting saying that "Spiritual care, when integrated into the primary care setting, has the potential, to help achieve important health-related objectives, such as increased trust in their providers, sustained healthy behavior change, and happiness despite chronic illness."³ Gregory's poignant resource will be helpful when addressing the idea of advocating for a "holistic" approach.

³ Vignesh, Joseph A. Carrese, Andrea Fitz, Macy L. E. Gatti, and Paula Teague, "Exploring Patients' and Chaplains' Perspectives about a Spiritual Care Program in the Primary Care Setting," *Journal of General Internal Medicine*, June 2024.

Brandon Thomson also provided a beneficial article by Tunks Leach, demonstrating why clarity matters. In fast-moving, high-stress settings, chaplains add value in two ways. First, a proactive way (relationship before crisis) and second, a reactive way (calm in the chaos, follow-up after). They also found a big hurdle: people often don't know what chaplains do.⁴ He suggested that the brochures can close that gap, so that every nurse, social worker, and resident can read at a glance: "Chaplains Are/Chaplains Are Not" and "If You See This... Page Us." That kind of simple framing builds trust across cultures and beliefs because it sets expectations without putting pressure on. This is a brilliant idea that will provide a clear understanding to the interdisciplinary team of what chaplains truly do and do not do. He offered more resources that will provide a backbone of research for the topic being researched. He offered an article by Madsen and Smart about mental-health chaplains and how they actually help. He explained that their picture sounds a lot like the ministry I am aiming for. They emphasize a visible presence on the unit, "being alongside" at relational depth. They also discuss efficient topics such as groups, staff support, advocacy, and connecting families with the right services.⁵ Brandon said the brochures created shouldn't just list "what chaplains believe," but also what chaplains do. Perhaps a one-page map that says something like, "Here's when to call us, here's how we help in the first five minutes, and here's who we bring in if the needs go beyond our scope."

⁴ Katie Leach et al., "The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives," *Journal of Religion and Health* 61 (2022): 929.

⁵ Peter Madsen and Harry Smart, "Mental Health Chaplains: Practitioners' Perspectives on Their Value, Purpose and Function in the UK National Health Service," *British Journal of Guidance & Counselling* 44, no. 3 (2016): 289.

He further offered that to anchor such tools in best practice, one could use a resource like the National Consensus Project's 4th edition guidelines. This resource encourages chaplains to adopt interdisciplinary, family-centered, and culturally responsive care approaches.⁶ He recommended the use of something like a brief assessment with two or three questions on the brochure. His recommendation to include a mini-script for psychological first aid, which helps a new chaplain in the midst of a tense moment, is a phenomenal idea.

Pediatric chaplaincy often involves many tense and high-crisis moments; however, the concept of *Agency* is critical. Bessel Van Der Kolk states, "*Agency* is the technical term for the feeling of being in charge of your life: knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstances."⁷ This idea will help chaplains remain grounded and in charge of their lives to offer their care recipients the same skills and abilities. However, also being well aware that, "We are told in scripture to cast all our cares upon the Lord, because he cares for us. He will sustain us in our time of need, and this stressful time is a perfect opportunity to call on Him. He is working diligently in love on our behalf! As Dr. Barnett wrote in this week's devotional, this is absolutely true and effective, offering hope to the brokenhearted.

⁶ National Consensus Project for Quality Palliative Care. *Clinical Practice Guidelines for Quality Palliative Care*. 4th ed. Richmond, VA: National Coalition for Hospice and Palliative Care, 2018.

⁷ Bessel Van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2015),

Implementation

The following hyperlinks are the three brochures created for this first Micro-Project:

https://www.canva.com/design/DAGyJ2T37Rk/Y4xdP6jN2MI_JoOhquw27A/edit

https://www.canva.com/design/DAGyJon_bWI/JCNmTXhSNWg06Qb8RRrEbA/edit?ui=eyJIIjp7IkEiOnRydWV9fQ

<https://www.canva.com/design/DAGyVDZuMOY/ljBPXequ1KtdhRHhRgNcOg/edit?ui=eyJIIjp7IkEiOnRydWV9fQ>

The first Micro-Project choice was to create a brochure utilizing technology. In this brochure or poster, the aim is to address the problem statement outlined in the clinical chaplaincy ministry at Valley Children’s Hospital. Therefore, three brochures will be created with the necessary information for chaplains to utilize, enabling them to provide the most holistic, comprehensive, compassionate, and empathetic care possible to our families and staff. There are multiple options available for creating a brochure, and determining the technology or app to use can be overwhelming. After conducting some research, numerous options emerged that showcase a mix of both paid and free tools. For example, for paid options, there are Canva, Adobe Express, Visme, Lucidpress, and Snappa. For the free tools available, there are: Scribus, Inkscape, Google Slides, Gravit Designer, and GIMP, which is more complex than typical brochure tools, with a learning curve. Each of these tools offers different features and capabilities. The chosen one will be based on the specific needs, design skills, and whether it is a free or paid option.⁸

⁸ “Best Graphic Design Software, Top Picks Tested for Creative Professionals and Beginners,” accessed September 26, 2025,

Canva is user-friendly and offers a wealth of templates to create eye-catching brochures. It has an intuitive drag-and-drop interface, thousands of templates for brochures and posters, built-in stock photos, icons, and graphics, an AI-powered Magic Resize feature, and a free plan available; Pro starts at \$12.95 per month. This design tool is a go-to choice for a wide variety of users, primarily due to its simplicity of use. It has an extensive library of customizable templates that can be tailored to the desired design. This platform is web-based, allowing it to be accessible from any device with an internet connection, which facilitates easy remote work and collaboration.

Adobe Express is user-friendly and designed for easy use, with a clean layout that simplifies the design process for both beginners and professionals. There is a wide range of customizable templates for various formats, including brochures, posters, social media graphics, and more. It provides access to a vast library of stock photos, icons, and design elements to enhance visual appeal. It has advanced typography options, including different fonts and text effects. It allows team members to collaborate on projects in real-time, making it easy to gather feedback and make edits. Adobe Express offers both free and paid features. The Paid feature provides advanced features and additional assets with improved capabilities.⁹

Another option for creating brochures and posters is *Visme*, which offers templates for brochures, posters, and infographics. It's user-friendly with drag-and-drop features. Like Adobe Express, it offers collaboration tools for team projects, and a free version is available; premium features are available only with a paid plan. Lucidpress is another good option, as it provides web-based design tools with templates for various print materials, along with a drag-and-drop

⁹ "Express Official Website," Express, accessed September 26, 2025,

editor featuring customizable elements. Collaboration features are available for teams, and there is a free plan as well as paid plans.

GIMP is a free, open-source image editing program that offers many features similar to those found in Photoshop. Among its pros, it provides a comprehensive suite of image editing tools at no cost. However, the cons are that it requires more time to learn than beginner-friendly apps and focuses more on image editing than page layout.

After researching all the options, Canva is the best choice for the aimed goal. The decision was to go with Canva, as a subscription has been established. It is appreciated that it offers real-time collaboration, enabling users to work together with others. This can facilitate discussion and feedback directly within the platform. Canva also maintains a history of changes made to the design, allowing users to revert to previous versions if needed.

The creation of a brochure was chosen as research demonstrates that a well-designed brochure is a powerful marketing tool that effectively communicates information and motivates action from its specific audience. A brochure can be clear, concise, visually appealing, and include a strong call to action, especially in a hospital setting where we are providing holistic care to everyone we encounter. Some key elements that encourage the creation of a brochure include a clear purpose, engaging content, professional design, high-quality visuals, and a clear call to action. This brochure will have a clear purpose and target audience, designed explicitly for clinical chaplains. Brochures have a specific goal, which is to educate or promote a product or a service. The content must be concise, easy to understand, and relevant to clinical chaplains and hospital staff. It is essential to recognize that headlines should grab attention, and body copy should be informative and engaging. Focusing on key benefits, avoiding lengthy and

complicated text. Brochures are helpful because they provide visual images and charts to convey complex information.¹⁰

The aim is to create a clinical chaplain's resource brochure on holistic and compassionate family care. A good design focuses on readability, emotional tone, and clear organization. It should be a reference tool for the chaplain, not a handout for families. There are particulars to pay close attention to, including layout, colors, font, and style, to achieve a peaceful and serene overall look. The layout and design are crucial as they establish a clear hierarchy, utilize white space effectively, and feature action-oriented sections. The color determines the emotion of the information being represented. I intend to use color to define different sections. For example, soft blue and brown can be used for sections on emotional support, and a gentle green is used for information on spiritual grounding. Using a soothing color scheme with soft blues, greens, violets, and warm neutrals. These colors evoke tranquility, peace, and reassurance, which is crucial for the emotionally sensitive topic of holistic care. I realize I must avoid stark or aggressive colors. Too much white can feel sterile, while reds and yellows are often too stimulating for a calm, professional resource.¹¹

The goal with this brochure is to create a professional and trustworthy one. The overall tone will be skilled and dependable, conveying a sense of expertise and compassion. It must have warm and empathetic visuals with high-quality, authentic images that convey a compassionate and supportive tone. The plan is to add images of diverse cultural families,

¹⁰ Tracy Daly, "Steps to Developing a Good Brochure," UF/IFAS Communications (blog), June 15, 2023,

¹¹ Military Health System, "Color Psychology Guide," MHS Branding Guidance, accessed September 26, 2025,

supportive conversation examples, and serene nature scenes, which can work well. Avoid using generic, low-resolution stock images and be mindful of language, using clear and concise language that avoids jargon. The text should be written with empathy and speak to the emotional and spiritual needs of families facing distress, illness, or trauma. Finally, the focus will be on the benefits, with the content framed around how specific holistic practices benefit families, rather than just listing the features of the care.¹²

The first created brochure titled “*Supporting Hearts and Minds*” is a valuable tool designed explicitly for new clinical chaplains, intended to significantly develop their ability to provide holistic and comprehensive support to families. New chaplains can utilize them as structured guidance; it serves as a concise and accessible guide, or “field companion.” This is not just a brochure; it emphasizes that it’s something they can carry with them and consult between visits. Equipping them with the essential strategies necessary to provide effective and compassionate spiritual care during patient visits. It consolidates best practices into clear, actionable steps covering everything from building rapport and conducting a spiritual assessment to collaborating with the healthcare team and providing follow-up support.

This resource was designed for quick reference, blending pastoral knowledge and wisdom with practical tips drawn from the experiences of experienced chaplains. It ensures that even those new to the role can approach each encounter with confidence, sensitivity, and professionalism. Part of the information used to create this brochure was drawn from years of experience and what has been effective in the context of Valley Children’s Hospital.

¹² "What Makes a Good Brochure: Best Practices for Brochure Design in 2022," kwoodus.com, accessed September 26, 2025,

The above brochure provides a concise and accessible guide to helping new chaplains. When starting a new position, chaplains are faced with lots of information. A brochure condenses the most critical information, such as key procedures and communication strategies, into a portable and digestible format. The hope is that this may reduce anxiety and build confidence: Having clear guidelines can help new chaplains feel more prepared and confident in their work. The brochure serves as a safety net, enabling them to quickly consult a reliable source when faced with an unfamiliar situation.¹³

The layout is intentionally organized, from the main title to a brief reminder on how people are feeling in the midst of a crisis, to specifics on what to do during a visit, as well as effective supportive strategies to use in providing the best care for body, mind, soul, and spirit. The application of care, rituals, and sacraments that we provide for families. Lastly, the VCH Spiritual Care office phone number and other related disciplines to which we might refer the patient, as well as a QR code that takes chaplains to our Departmental website. Overall, this brochure will serve as a valuable tool in equipping chaplains to provide more effective, compassionate, and well-rounded support to families.

The second brochure, titled “*Spiritual Care Core for Clinical Chaplains*,” was created to invite clinical chaplains from the Fresno area to participate in a Spiritual Care Core, a dedicated learning experience designed to strengthen our capacity to serve in today’s complex healthcare environment. This core will equip chaplains with the essential knowledge and practical skills

¹³ Association of Professional Chaplains, *Title of Publication* (Publication Location: Publisher, 2025)

necessary for integrating behavioral sciences and mental health awareness into their spiritual care practice.

The goal is to bridge the gap between pastoral care and psychological knowledge. This training will help chaplains: recognize and respond appropriately to signs of mental distress in patients, families, and staff. The goal is to collaborate with interdisciplinary teams to provide holistic, patient-centered care. Finally, apply evidence-informed strategies that honor both spiritual and emotional well-being. The inspiration to create this brochure was drawn from the work of Rachel Daley and Kirstin Almos, both chaplain specialists who presented on the Transforming Chaplaincy YouTube Channel on the subject of chaplaincy and mental health, specifically the integration of behavioral health into expert chaplaincy practice.

This brochure is unique in that it invites clinical chaplains from the area to come together for a Spiritual Care Core. The message is framed in a way that resonates with their professional identity and needs. The design is clear and organized, highlighting how this core will enhance their clinical practice and skill set. In professional collaboration, the main highlight is the opportunity to learn from and consult with peers in a supportive, interdisciplinary environment. The primary purpose is to provide ongoing professional development, emphasizing that participation will help them enhance their clinical expertise and stay current in their field.¹⁴

The layout is intentionally organized, from the main title to a summary of our commitment as chaplains, to a list of the chaplains who will be offering the training. The department's information, including address, email, phone number, and QR code, is provided.

¹⁴ U.S. Department of Veterans Affairs, MIRECC, "MHICS Overview 2021," accessed September 26, 2025,

The brochure lists the topics that will be discussed. The colors feature soft pastel shades of purple and light green.

The third brochure, titled “*Spiritual Care CME for Hospital Officials*,” has the purpose of coming up with a thought that is innovative and strategic; this is more than simply announcing a CME to hospital officials and the interdisciplinary team. The aim is to educate, inspire, and influence policy in ways that verbal invitations alone often can’t. Many administrators have only a vague understanding of what clinical chaplains actually do on a day-to-day basis. By framing chaplaincy as an evidence-based, integral part of whole-person care, leaders see it as essential, not optional. This CME will highlight how chaplains collaborate with physicians, nurses, social workers, and mental health professionals to address the spiritual, emotional, and cultural needs of patients. Ultimately, administrators will come to understand that chaplains are not additions, but integral team partners in care planning, crisis intervention, and especially an important part of patient decision-making.

As a chaplain, it’s common to feel misunderstood or undervalued within a hospital’s interdisciplinary team. Especially in a non-religious, fast-paced environment like Valley Children’s Hospital. This often comes from a lack of understanding about the chaplain’s role and function among other medical staff, who may view spiritual care as less essential or specialized than their own duties. The above brochure is unique in that it will educate the team. Offer a clear explanation of the chaplain’s role and the value it brings to patient and family care. Highlighting the advanced training, such as master’s degrees, clinical pastoral education, and for many, a doctoral degree and specialization in spiritual care, can help correct misconceptions. The goal is to build intentional relationships by taking the time to have one-on-one conversations with other team members, thereby fostering a sense of understanding. For example,

collaborating with a nurse or a doctor on how a specific family is doing can open a door to explain how our overall care might complement theirs. The aim is to emphasize that our work supports the same goal as the rest of the team and that we strive to provide the best holistic care for the patient and their family. Ultimately, demonstrating expertise and illustrating how spiritual care integrates into the overall treatment plan.¹⁵

The layout of this brochure was intentionally organized, from the main title to an explanation of how chaplains support the interdisciplinary team, as well as aid in holistic patient care and healing. There is intentional emphasis that chaplains' interventions reduce the risk of psychological disorders and mental illness. The topics the leading chaplains will address during this CME, as well as how our children are feeling these days, are provided. I also offered supportive pictures of the chaplains holding the patients' hands, as "touch" is an essential integral part of our practice. The brochure concludes by reiterating our commitment to all hospital officials, emphasizing that we provide overall healing for the soul, compassionately and with excellence. It also includes a QR code for our department.

Creating these brochures aligns with a personal conviction found in scripture in 2 Corinthians 1:3-4, which states that God is the "Father of compassion and the God of all comfort. It emphasizes the importance of comforting others in their troubles so that they, in turn, can offer comfort to those around them. These brochures will serve as a guide for chaplains in their mission to reflect God's compassion and ensure that families feel supported mentally, emotionally, and spiritually.

¹⁵ Stavig, "Patients', Staff, and Providers' Factual Knowledge About Hospital Chaplains and Association with Desire for Chaplain Services," *Journal of General Internal Medicine* 37, no. 3 (2022)

This verse recognizes God as the source of comfort, as God is “the Father of compassion and the God of all comfort”. This determines God as the ultimate source of solace and empathy, where He is the supreme one able and capable of comforting individuals through any trouble or affliction. It emphasizes that God “comforts us in all our troubles.” This means that, regardless of the hardship or distress, God’s comfort is available to believers. Fundamentally, the passage states that God comforts us “so that we can comfort those in any trouble with the comfort we ourselves receive from God.” This highlights the recurring nature of comfort, where a personal experience of God’s comfort enables believers to offer similar support to others who are suffering.

However, as we provide that much-needed support, Christian chaplains’ convictions are rooted in Scripture, which speaks of God’s profound compassion through His enduring love, mercy, and gracious nature, as shown in verses like Psalm 86:15, which describes Him as “compassionate and gracious...abounding in love and faithfulness.” God’s compassion is not just a distant characteristic but is demonstrated through his desire for all to repent. Offering his creation, a daily opportunity to come to Him, as he is the giver of all good things.

According to Brene Brown, “Compassion is fueled by understanding and accepting that we’re all made of strength and struggle, no one is immune to pain or suffering. Compassion is not a practice of ‘better than’ or ‘I can fix you’, it’s a practice based in the beauty and pain of shared humanity.” She further explains that across the research of clinical practice, there are compelling debates about the role compassion and empathy play in how we connect with people who are struggling. Some argue that compassion is the most effective response, while others

claim that empathy is the more effective response, and still others believe that we need both for different reasons. It appears as if many are trying to answer this question: What is the most effective way to be in connection with and in service to someone who is struggling without taking on their issues as our own? Browns research is that compassion is a daily practice, and empathy is a skill set that is one of the most powerful tools for compassion. The most effective approach to forming meaningful connections combines compassion with a specific type of empathy known as cognitive empathy.¹⁶

As chaplains, creating meaningful connections is crucial to our practice. The American Buddhist nun Pema Chodron, in her book *The Places that Scare You*, writes, “We can expect to experience fear of pain as compassion practice is daring. It involved learning to relax and allow ourselves to move gently towards what scares us. In cultivating compassion, we draw from the wholeness of our experience, our suffering, our empathy, as well as our cruelty and terror. It has to be this way. Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only then, when we know our own darkness well, can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”¹⁷ Ultimately, this is precisely what this research intends to convey to new chaplains coming into this multifaceted field of Holistic Spiritual Care.

¹⁶ Brené Brown, *Atlas of the Heart: Mapping Meaningful Connection and the Language of Human Experience* (New York: Random House, 2021), 116

¹⁷ *Ibid.*, 118.

Analysis of the Micro-Project

This is the final product of the three brochures created to address the problem, which initially attempts to resolve that chaplains at Valley Children's Hospital in Madera, California, lack effective strategies for addressing the mental health needs of patients. Significant progress was made in finding good resources. Working on the created brochures was a true challenge, as it also involved learning to use the Canvas software. To resolve this problem, several key issues must be addressed; therefore, the plan is to continue reading and researching. At the same time, however, it is clear that this journey will come with stresses that will arise during the process, one of which is definitely the fact that this topic has emotional weight: Mental health and illness in children are heartbreaking, and as a chaplain, feeling overwhelmed comes with the job. Another foreseeable stress is learning to balance my roles: navigating one's identity as a researcher, spiritual caregiver, wife, mother, daughter of aging parents, church leader, and advocate for the families cared for can be taxing. Self-care must be a priority, as the tendency is to struggle with feelings of inadequacy and anxiety. Within my self-care routine is the practice of alleviating stress and relaxing, which involves visiting the coast and spending time in solitude.

There are legitimate concerns that come along with such an endeavor: it is a reality that hospital leadership and mental health professionals may not value or have the desire to implement my findings. This topic is not typically recognized as part of the scope of chaplaincy, as chaplains often lack the specialized training necessary to address mental health issues. However, the idea is to work diligently to promote chaplaincy integration and push for more comprehensive mental health training for chaplains.

In terms of progress, significant strides have been made in provoking a growing awareness: the hospital now recognizes the need for chaplain involvement in mental health,

which is a notable step forward. The aim is to spark a few initial conversations between our staff Chaplains, who may begin reflecting on their current practices and identify any gaps. The benefit has been to find a wealth of literature supporting my topic. There is an increasing body of research on behavioral health chaplaincy and trauma-informed spiritual care.

A few roadblocks are anticipated along the way. Among these, the most frustrating is the limited visibility in clinical settings; unfortunately, chaplaincy is often undervalued or misunderstood. Measuring spiritual impact on mental health outcomes can be complex and subjective. The reason for this is that chaplains may not have formal education in mental health or trauma response. After five years of working in a hospital, it is understood that hospitals can be slow to change, especially when protocols are deeply ingrained.

This research is a blessing, as it will deepen personal growth, including the understanding of suffering, resilience, sacred presence, compassion, and empathy. Being part of a sacred trust is a matter of a chaplain's honor. Chaplains are often invited into the most vulnerable moments, a privilege that opens doors for healing. Healthy confidence informs this work, which will facilitate interdisciplinary potential by bridging the gap between spiritual care and mental health in a powerful way. This research is expected to have a transformative impact: even small shifts in chaplain practice can have a profound effect on children and their families.

After having done chaplaincy work in the hospital for five years, insights about this topic are that spiritual distress often mirrors psychological distress. Chaplains can help name and navigate both. Children require developmentally appropriate spiritual care, not just scaled-down versions of adult models. Mental health and spiritual care are NOT separate silos; they're deeply intertwined. The aim is to raise the need for chaplains to be trained in trauma-informed care and suicide awareness, which is essential for safe and effective practice.

Research demonstrates that children facing illness, injury, or hospitalization often experience various forms of trauma, including the trauma of medical procedures, separation from family, or the emotional impact of their condition. Suicide risk can also be present in adolescents, especially those facing chronic illness, mental health challenges, or difficult life circumstances. Pediatric chaplains are integral members of palliative care teams, providing spiritual and emotional support to seriously ill children and their families, often navigating profound questions of life, death, and meaning.

There is a significant amount of research to be conducted to respond to the problem stated above effectively; however, the commitment is to the questions this research aims to continue investigating: How can chaplains collaborate with psychologists, social workers, and psychiatrists without duplicating their roles? How can chaplains be trained to recognize and respond to suicidal ideation or self-harm? What specific strategies can chaplains use to support children with anxiety, depression, or trauma? How can Valley Children's Hospital become a model for integrating spiritual care into pediatric behavioral health? More is to come, as this research is still in its early stages of development.

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