

Portfolio: Culmination Phase Assignment

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Justification

The cognate of this research is Chaplaincy. This research is based at a pediatric hospice home care, where clinical chaplains support families spiritually and emotionally, regardless of their cultural and religious backgrounds. The reason for choosing this course is a strong motivation to further develop qualifications and skills in chaplaincy to support children and families better. It is a commitment to enhancing skills and practice that reflect a genuine desire to provide holistic spiritual and emotional care.

The purpose of this research is to address the most comprehensive spiritual and emotional needs possible and aid in avoiding further trauma and mental health issues in patients and their families. Hospice and hospital work involve caring for patients facing a sudden, prolonged illness or end-of-life situations that turn their lives upside down. Most of the time, they are experiencing incredible psychological and spiritual distress. They experience feelings of fear, anxiety, depression, anger, loss of control, and hopelessness; questions about the meaning of their lives stalk them. In this scenario, the chaplain seeks to guide the patient or their family member in finding their own meaning: chaplains are creators, not rescuers, meaning they help the individual find their own meaning rather than providing answers or solving their problem. They guide individuals to find and create their own meaning. Ultimately, promoting hope and peace from within. This sacred work is done collaboratively with an interdisciplinary team that holistically and comprehensively addresses the whole person's mind, body, and spirit.

The Micro-Project II chosen is to create an instructional video for new chaplains. Creating this video can be an incredibly valuable tool for clinical chaplains wanting to improve their ability to provide comprehensive support. This will serve as systematic guidance for their practice. A well-crafted instructional video provides consistent information and training to build

essential competencies such as active listening and ministry of presence; Being vs. Doing; reflective listening; asking open-ended questions; validating emotions; assessing for red flags in patients with mental illness; and documentation and interdisciplinary teamwork involvement. When working with children and their families in a clinical setting, establishing trust is fundamental; therefore, this instructional video will equip chaplains with key strategies and offer interpersonal dynamics to provide practical, empathetic, compassionate, and well-rounded holistic support.

The problem this research aims to address is that Chaplains at Trillium Hospice in Fresno, California, lack the strategies for addressing the mental health needs of patients and their families to tackle the current mental health crisis. Chaplains have a Seminary master's degree in theology; some have completed Clinical Pastoral Education, others have doctoral-level work. However, many are not trained in psychology or behavioral sciences. Therefore, the encounters with patients and their families facing illness and end of life, trauma, and emotional and spiritual distress can often be missed opportunities for comprehensive emotional and spiritual interventions. This results in apparent inconsistencies and gaps in effective care. This instructional video will provide spiritual and theological insights alongside behavioral science interventions to address the whole person.

This instructional video aims to integrate behavioral strategies, address mental health red flags, and be guided by the scriptural principle of providing comfort and support to those in crisis and desperate spiritual and emotional need. Recognizing that chaplains are called to do as Jesus did. Psalm 34:18 NIV says, "The Lord is close to the brokenhearted and saves those who are crushed in spirit." 2 Corinthians 1:4 NIV states "He comforts us in all our troubles so that we

can comfort others.” This can be a daunting task for many chaplains, as the expectation is to address both the spiritual and psychological distress.

Clinical chaplains must obey the mandate left by the Apostle Paul in Hebrews 13:1-3 NIV, which states, “keep on loving one another as brothers and sisters. Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it. Continue to remember those in prison as if you were in prison with them. those who are mistreated as if you yourself were suffering.” This passage clearly states we must go about our daily interactions with patience and recognize those in hospitals and hospice settings as our brothers and sisters. Extending God’s “hospitality.” We rejoice with those who rejoice; and weep with those who weep.” We bear one another’s burden, and in this way, we will fulfill the law of Christ (Galatians 6:2 ESV). Chaplains must remind others that God is present in their crisis, as scripture reminds us in Psalm 23:4 NIV “Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me.” As Christian chaplains, we may incorporate prayer into our practice, especially for those who profess the Christian faith. However, many families who do not identify with a religious affiliation or faith belief truly benefit from intercessory prayer when in the midst of their suffering and emotional distress.

Finally, Christian chaplains aim to guide their patients into acquiring Christian resilience and maturity. Dr. Crab says this as “Thinking with the mind of Christ (1 Corinthians 2:16). He argues that for a person to be transformed, that person must learn to renew their mind. He drew this idea from Romans 12:2, where the apostle Paul writes, “Do not be conformed to this world, but be transformed by the renewal of your mind.”¹

¹ 1. Cornerstone Lebanon, “Transformation, Part 1 - the Role of the Mind,” Cornerstone, April 20, 2017, <https://www.cornerstonelebanon.com/book-blog-posts/2017/4/19/transform-part1>, 1.

Peer Review

Professor Dr. Peter Mason offered invaluable feedback on this research; it is a true eye-opener into how Psychology is viewed among non-Christians. He states, “The science called psychology interprets a limited range of data. A Christian worldview explains all of reality. Unlike Christianity, science does not explain the ultimate origin of all that exists. Science doesn’t provide meaning, purpose, or hope after death. Science can explore repeatable events, but not historical events or miraculous events. Science can describe but not prescribe. Science observes what is and cannot provide a moral foundation for what ought to be.”

The above concept drives the instructional video created and the research. It serves as a systematic guide to address whole-person psychology, mind, spirit, and soul. It addresses how chaplains must ask open-ended questions during their interventions to help guide meaning, purpose, and understanding of hope in the midst of illness before and after death. Christian chaplains serve as a moral compass, bringing moral conversations to the table and inviting patients to explore, consider, and reflect on their own understanding of morality and Christianity.

The National Library of Medicine supports the reason for creating an instructional video: “The use of short educational videos to augment other teaching methods has been shown to improve learners’ comprehension, knowledge retention, and understanding of the content. Multiple studies have demonstrated that video education can be a highly effective tool for learning, particularly for hard-to-visualize processes and for procedural education.”²

² Ilana Roberts Krumm et al., “Making Effective Educational Videos for Clinical Teaching,” *Chest*, March 2022, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8941608/#:~:text=Abstract,creating%20high%2Dyield%20educational%20videos,764>.

John Mensah offered incredibly profound peer feedback insight when he stated that “by proposing a systematic educational tool such as the instructional video, it will foster consistency and confidence among chaplains in conducting mental health assessments, establishing ‘trust’ and providing compassionate Christian counseling.” He further explains that “the significance of trust as a foundational element of spiritual care is rightly emphasized, aligning with existing research demonstrating that ‘trust’ enhances therapeutic relationships (Reynolds & Goff, 2017).

John’s feedback highlighted the exact purpose behind this research. The instructional video aims to teach new chaplains an understanding and to help them apply what they have learned in Clinical Pastoral Education (CPE). Essential skills, such as empathic and supportive meaningful care, are critical. The aim is to introduce the concept of “The Art of Presence”, as this is the foundational building block for establishing a trusting relationship with those we care for.

On another topic within this research, the awareness that integrating mental health care into the chaplaincy’s scope of practice is not typically recognized as part of the chaplain’s role, as chaplains often lack the specialized clinical training needed to address these issues. However, according to the National Library of Medicine, “cross-disciplinary awareness and caring practices between chaplains and mental health professionals appear particularly promising.³ Therefore, this research aims to promote, encourage, and push integration for comprehensive mental health assessment training for clinical chaplains.⁴ This topic focuses on

³ 1. Jason A Nieuwsma et al., “Implementing Integrated Mental Health and Chaplain Care in a National Quality Improvement Initiative,” *Psychiatric services* (Washington, D.C.), December 1, 2017, 1.

⁴ 1. YouTube, accessed November 13, 2025, <https://www.youtube.com/watch?v=G16fPtsEw1I#:~:text=The%20first%20tool%20introduces%20a,%E2%80%A2%20Chaplaincy%20and%20Mental%20...>

the idea that spiritual distress often mirrors psychological distress. Therefore, a chaplain can help navigate both. Children and their families need developmentally appropriate spiritual care, not just scaled-down adult models. Mental health and spiritual care are not separate; they are profoundly intertwined. This research will raise awareness within the field and push for more trauma-informed training and suicide awareness, which is essential for safe and effective chaplaincy practice.

Eric Kelly, a classmate in this course, offered insightful feedback and research on integrating chaplaincy into mental health care. He states, “Interestingly, you highlight that clinical teams may overlook or undervalue chaplain contributions. Chaplaincy remains an underutilized resource, particularly in mental-health settings, despite substantial evidence that spiritual distress often mirrors psychological distress. Newsman and colleagues found that when chaplains and mental-health professionals intentionally collaborate, patient care becomes more holistic and effective.⁵ Eric further states his findings that chaplains offer unique complements to professionals in different disciplines, namely in the mental, emotional, and behavioral health arenas. For instance, Rachel L. Boska and her colleagues note that chaplains bring a unique capacity to assess and identify spiritual needs and bridge gaps in care that other disciplines might overlook.⁶ This project is well situated within this expanding field of practice, which calls for integrated, interdisciplinary models of care.”

⁵ Jennifer S. Mascaro et al., “The Language of Compassion: Hospital Chaplains’ Compassion Capacity Reduces Patient Depression,” *Mindfulness* (2023): 2485-2498.

⁶ Rachel L. Boska, Shawn Dunlap, Todd M. Bishop, David Goldstrom, Drew Tomberlin, Sheila Baxter, Marek Kopacz, Karen S. Quigley and J. Irene Harris, “Chaplains’ Perspectives on Standardizing Spiritual Assessments,” *Journal of Health Care Chaplaincy* 27, no. 3 (2022): 119–137.

Implementation

<https://www.youtube.com/watch?v=UhfYZXHkxkk&t=144s>

Creating this instructional video is part of enhancing professional development. The goal is to help chaplains learn and improve overall patient care outcomes and help this profession become more integrated into the modern healthcare system. This empowers the next generation of chaplains to validate their role, meet complex patient needs, and provide a higher standard of compassionate, holistic care, and demonstrate clinical expertise. This video will help chaplains integrate the best practices. It will give them clear direction for their interactions with patients and their families. A brief mental health assessment to make comprehensive referrals and recommendations to other mental health professionals. All for the purpose of addressing the proposed research problem statement: “The problem is that chaplains at Trillium Hospice in Fresno, California, lack effective strategies for addressing the mental health needs of patients and their families.”

Instructional Video

This video will be recorded from a home office. The plan is to make this video as professional, relevant, and informative as possible. The aim is for a calm, simple, clean, clutter-free, non-distracting background. The wall’s background color will be neutral beige. Fostering an atmosphere of trust and calm, yet noticing the importance and authority of the information offered. Avoiding busy patterns or harsh lighting to avoid a glare. For a professional, cinematic look, it will keep the focus on the presenter and slightly blur the background, creating a shallow depth of field. The lighting will be natural light from the office window, evenly illuminating the presenter’s face, according to “How to Create Effective Training Videos: A Complete Guide. They emphasize that “Creating impactful training videos requires more than simply recording

instructions. “To keep your team engaged and ensure the material is understood, your content must be clear, well-structured, and relevant to the learners’ roles.”⁷ It is highly recommended to use consistent text overlays to indicate which topic is being covered. For example, Step One: Being vs. Doing⁸ (ministry of presence) will help the viewer track what is being emphasized. The text is used sparingly, highlighting key points and keeping the viewer engaged, rather than being distracted by clutter. The aim is to create a clear, professional video that is highly effective, engaging, encouraging, and easy to follow and digest.

Outline of Instructional Video

1. Introduction and Welcome

- a. Role of a chaplain: spiritual and emotional support as part of a holistic interdisciplinary clinical team.
- b. The main principle is to provide compassionate Being vs Doing presence and avoid fixing anybody’s problems.
- c. Remember, the patient has requested your intervention because it is helpful and deeply impactful.
- d. You are the spiritual leader; therefore, remember you bring God and the Sacred to your patients.

⁷ 1. Pascal Willoughby-Petit, “How to Create Effective Training Videos: A Complete Guide,” Penceo eLearning Provider, August 13, 2025, <https://www.penceo.com/blog-elearning-platform/how-create-effective-training-videos-complete-guide>, 1.

⁸ “Ministry of Presence,” VOA Chesapeake & Carolinas, September 26, 2024, <https://www.voachesapeake.org/ministry-of-1-presence/#:~:text=The%20Ministry%20of%20Presence%20is,is%20ever%2Dpresent%20with%20us,1>.

2. Main Points of Chaplain's Visit

- a. Focus on listening using silence wisely. Avoid interruptions and distractions. Use your body language to ensure you are fully present, maintain eye contact, and position yourself toward the patient to demonstrate openness and acceptance.
- b. Ask open-ended questions when doing your spiritual assessment. Assess for spiritual distress and spiritual strength. You can use FICA⁹ or Hope¹⁰ as assessment tools.
- c. Building "trust" through compassion, empathy, and non-judgment.

3. Red Flags Within Mental Health Concerns

- a. Listen to non-verbal cues and to the unsaid carefully. Your job is not to diagnose physical medical needs but to identify and collaborate with the interdisciplinary team for holistic treatment. Most of all, address the patient's Spiritual Need; do whatever they request to meet that need, as long as it aligns with personal spiritual convictions and practices.
- b. Be mindful of warning signs of emotional or spiritual distress, such as extreme anxiety, depression, agitation, or disorientation. If the patient or family member says things like: "I wish I were dead, or I have no reason to live." Those are red flags; look for signs of abuse or neglect.

⁹ 1. Fica Spiritual History Tool, accessed November 5, 2025, <https://gwish.smhs.gwu.edu/sites/g/files/zaskib1011/files/2022-06/FICA-Tool-PDF-ADA.pdf>, 1.

¹⁰ 1. Ryan Corbin, "Top Hope Questions for Spiritual Assessments," Homecare Homebase, October 22, 2025, <https://hchb.com/top-hope-questions-for-spiritual-assessments/#:~:text=The%20HOPE%20spiritual%20assessment%20was,or%20relationships%20with%20loved%20ones,1>.

- c. Be sensitive, respect boundaries, and when in doubt, ask further open-ended questions for clarification.

4. Teamwork and Referrals

- a. Document your interaction clearly and write a narrative of your findings, including your interaction, intervention, and outcome. You may need to present your findings during the rounding or huddles.
- b. Refer to the social worker, nurse, doctor, or psychologist if needed.
- c. Working with the interdisciplinary ministry is effective chaplaincy.

5. Conclusion and Words of Encouragement

- a. The Great Commission, according to Matthew 28:16-20
- b. Highlight key points (listen deeply, identify distress cues, and communicate relevant information to the interdisciplinary team.
- c. Encouragement: Chaplains are vital; their interventions are healing, and they bring the most precious, merciful GOD to those who desperately need HIM.

The purpose of this instructional video is to fulfill the Micro-Project II requirement toward the pursuit of a Doctor of Ministry degree; however, rather than meeting a critical requirement, the ultimate goal is to obey God's calling and command that He has entrusted to his servant. There is a deep responsibility and commitment to this chaplaincy career as it is a command from God. Scripture is the ultimate guide and counselor, and when reading Corinthians 10:31, it says, "So whatever you eat or drink or whatever you do, do all to the glory of God." This passage is a reminder of what Paul advises the Christians of his time: to exercise

our freedom, to offer knowledge in Christ, and to help others without causing them to stumble.

The goal is to teach with love, God's authority, and freedom, as this ministry is imperative to each patient's overall health. According to Henry Nouwen's theology of presence, it begins with solitude and prayer. He argued that only by being present to oneself in solitude can a person be truly present to another. He viewed prayer as a "loving intimacy with God" that makes us available to God's presence, which in turn makes us available to others.¹¹ Prayer led this chaplain to pursue a doctoral degree in ministry. Chaplaincy is an emotional and difficult ministry as chaplains are often in situations of lots of suffering, physical and emotional distress, and end-of-life. Clinical chaplains accompany others in their lowest moments. This role requires that one dies to self, as Luke 9:23 says: "Then Jesus said to them all: whoever wants to be my disciple must deny themselves and take up their cross daily and follow me." "Dying to Self" means denying personal desires to dominate the conversation and holding back our own emotional reactions, allowing the patient to lead the conversation in their space, holding the space for others, which means "holding the pieces of another until they are well enough to put themselves back together." That is what chaplaincy is all about. It is humility and selfless love, as it is modeled over and over by Jesus Christ in scripture.

Instructional Message

The message of this instructional video is to teach new chaplains to embrace their unique and vital role in providing holistic spiritual and emotional care through the art of wholehearted presence. This video's goal is to teach that effective chaplaincy is not just about giving people

¹¹ "Reaching in, Reaching Out," Conversation Divina, August 2, 2024, <https://conversatio.org/reaching-in-reaching-out/>, 1.

solutions or actions, but about a deep, empathetic being-versus-doing presence. Through this, this research aims to demonstrate that the chaplains' undivided compassionate presence is a powerful and essential form of holistic care and highlights that a healing presence is what makes chaplaincy an effective and impactful ministry. The idea is to provide essential key strategies to utilize during visits, as well as guidance on collaborating with an interdisciplinary team. Unfortunately, chaplains working in a pediatric and hospice setting often feel unacknowledged and undervalued within the multidisciplinary team. The chaplain's role is frequently misunderstood; this is a lack of knowledge and understanding of the profound impact chaplains have on patients and their families. Most work in a secular medical setting where the predominant worldview is opposed to spiritually related ideas. Christian Chaplains can uniquely address the needs of the whole person, bio-psycho-social and spiritual. Genesis 2:7 states, "Then the Lord God formed a man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being."

According to scripture, the person is body and spirit. Therefore, Clinical chaplains must work closely with the disciplinary team, educating them about the field and how the chaplain's psychosocial information, along with the family's, provides critical information for the child's medical ethical decision-making. According to the Journal of Health Care Chaplaincy, "the art of presence" is foundational. It is often vaguely defined, but it is a practice that intentionally creates a nonjudgmental, empathic, and supportive space for emotional and spiritual needs, which is essential for holistic care.¹²

¹² Amy Lawton and Wendy Cadge, "Ministry of presence' as Emotional Labor: Perspectives from Recipients of Care," MDPI, September 20, 2024,

Content

The content of this instructional video is as follows: It begins with an introduction and a welcome, then offers the hook: The goal is to help Chaplains “learn the art of presence in a world that demands quick fixes.” First, it explained the demographics to whom this video was intended: new and seasoned chaplains. The video reinforced that this information would be beneficial to everyone in everyday interactions with family and friends, helping with improving interpersonal skills and overall relationships. It explained the unique and specialized role of the chaplain as well as the importance of our being a critical part of a holistic, interdisciplinary clinical team. Second, it gave the main principles to remember during a visit. Introducing the concepts of “being versus doing”, presence, and avoiding fixing the patient’s problems. It listed the complexity of the emotional responses people have to serious and end-of-life illness and hospitalization. And how the chaplains must use listening, silence, and body language to ask open-ended questions to provide the best spiritual and emotional care. It offered a couple of assessment tools, such as FICA¹³ and HOPE¹⁴, and reinforced that “trust” is built through compassion, empathy, and non-judgment. It explained how to care for non-spiritual or non-religious patients through reflective listening, validating emotions, non-judgment, respect, understanding, and kindness. The idea is to guide the patient in finding their personal meaning-making, exploring their own coping mechanisms grounded in their personal worldview, and

¹³ Fica Spiritual History Tool, accessed November 5, 2025, <https://gwish.smhs.gwu.edu/sites/g/files/zaskib1011/files/2022-06/FICA-Tool-PDF-ADA.pdf>, 1.

¹⁴ Ryan Corbin, “Top Hope Questions for Spiritual Assessments,” Homecare Homebase, October 22, 2025, <https://hchb.com/top-hope-questions-for-spiritual-assessments/#:~:text=The%20HOPE%20spiritual%20assessment%20was,or%20relationships%20with%20loved%200nes,1>.

helping them find hope and acceptance. The third point was about assessing mental health, looking for red flags, and listening to nonverbal cues and body language, as well as the unsaid. It explained how chaplains must be mindful of the warning signs of emotional and spiritual distress, such as extreme anxiety, depression, agitation, or disorientation. Fourth, the question asks whether Chaplaincy was a team effort, and discussed documentation, and sharing patients' information with the multidisciplinary team. In conclusion, it offered a short spiritual reflection on the Christian chaplain's calling and how chaplains are called to do as Jesus did. "He comforts us in all our troubles so that we can comfort others (2 Corinthians 1:4). These verses encourage chaplains as being vital for interventions of healing and bringing God to those who desperately need Him.

Purpose

The purpose of this instructional video is to teach chaplains a foundational understanding and to help them apply what they have learned in CPE (Clinical Pastoral Education). Most of all, the aim is for overall improvement for effective spiritual and emotional care. Chaplains must be equipped with the skills to offer their patients the best empathetic, supportive, and meaningful care, as this support is critical in a clinical setting. The idea is to introduce the concept of the "art of presence," as this is the foundational building block for establishing a trusting relationship with those we care for. One essential truth is that when new chaplains begin visiting their patients, many struggles with feelings of inadequacy and low confidence. This video will provide new chaplains with a clear, simple framework and practical strategies to feel better prepared for clinical interactions. Overall, the goal is to continue empowering new chaplains with knowledge and research-based skills to make their visits more supportive and impactful.

Construction processes

iMovie was used to create this instructional video. Creating an instructional video in iMovie follows a standard editing workflow. The process is a sequence of importing media, arranging and refining content, adding polish, and finally exporting the finished product. This was a long and arduous process. First, the content needed to be written in an easy-to-follow format so others could follow the learning thread. The entire process was divided into four phases. The first phase was the setup. It took several hours to write the video's content. The idea was to ensure it addressed the ministry problem and provided comprehensive teaching for new chaplains. The second phase was the assembly of the video, which is the recording process. The content was recorded, and the footage was re-watched many times until it flowed well and was clear to understand and follow. The third phase was polishing the video, which involved trimming and splitting clips, adding music and titles to the footage. This process was long and tiresome. The fourth phase was to finalize and export the video to YouTube. Before doing that, the footage was re-watched from start to finish to check pacing, voice clarity, audio, and any remaining edits.

Spiritual Reflection

This chaplain's heart and soul were poured into this project, knowing that this video would be helpful to new chaplains, and that the possibility of passing along the wholesome enthusiasm and devotion to others kept me going. God has called Christian chaplains into this profession. Even though the feeling of inadequacy is present as Moses felt when he was called to free God's people from the land of Egypt, the certainty is that God will give us the tools and

talents to fulfill this calling according to His will, just as He did with Moses. In the video, the conclusion was a spiritual reflection and words of encouragement. Most of all, the goal was to highlight that clinical chaplains are called to do as Jesus did: “He comforts us in all our troubles, so that we can comfort others. When others are troubled, we will be able to give them the same comfort God has given us” (2 Corinthians 1:4). We rejoice with those who rejoice; and weep with those who weep (Romans 12:15). We bear one another’s burdens, and in this way, you will fulfill the law of Christ” (Galatians 6:2). Chaplains are called to remind others that God is present in their crisis: “Even though I walk through darkest valley, I will fear no evil, for you are with me, your rod and your staff, they comfort me” (Psalm 23:4). Christian chaplains, practice offering prayer to those who profess faith in God; however, do so only when it is accepted and desired. Prayer can be the most powerful intervention. Finally, the video provided much-needed encouragement and empowerment to chaplains in their profession. This video closes by reiterating that clinical chaplains’ interventions are vital, healing, and bring our precious, Merciful God to those who desperately need him.

Micro Project Analysis

Working on this instructional video was a true challenge, as it required learning iMovie software, developing editing skills, and understanding the entire process. This Micro-Project II involved creating an instructional video to address “the problem that chaplains at Trillium Hospice in Madera, California, lack effective strategies to meet patients’ mental health needs.” Working on this project has been challenging. Creating video content is not a familiar task; therefore, the learning process was long and exhausting. There were numerous moving parts to address; thus, the plan is to continue reading and researching, as well as practicing recording excellent 10-minute instructional videos.

In terms of strengths, significant progress has been made in identifying high-quality resources and developing a clear, concise outline for the video content. Recent awareness has grown at Valley Children’s Hospital in Madera, California. The idea was to help the hospital recognize the need for chaplain involvement in mental health, a notable step toward the goal of this research. The hope is to continue sparking new conversations among staff chaplains who may be reflecting on their current practices and to identify gaps between the need for mental health support and spiritual support. This research is driven by the wealth of literature supporting this topic, including many behavioral health chaplaincy and trauma-informed spiritual care resources. The project’s strength is that its impact and future possibilities are endless; the idea is to make it available to incoming new clinical chaplains and use it as an instructional tool during hospital orientations, before they begin visiting patients and their families. As well as send it to the CPE director in the Central Valley, and encourage him to integrate this tool into the formal CPE didactics and training program.

Like everything in life, this research has disadvantages: mental health professionals, hospital staff, and hospice leadership may not be motivated to implement its findings. The reason for this is that this topic is not typically recognized as part of the chaplaincy's scope, as chaplains often lack the specialized clinical training needed to address mental health issues. According to the National Library of Medicine, "cross-disciplinary awareness and screening practices between chaplains and mental health professionals appear particularly promising." Therefore, the idea is to work diligently to promote, encourage, and push integration for comprehensive mental health training for chaplains.

Roadblocks will always be part of the process. As mentioned above, unfortunately, chaplaincy is often undervalued or misunderstood. Among these, the most frustrating is the limited visibility in clinical settings. Measuring the impact of spirituality on mental health outcomes can be complex and subjective. Usually, chaplains do not have formal education in mental health or trauma response; however, chaplains are intertwined with it almost daily in a hospital and hospice setting. Clinical settings can be slow to change, especially when protocols are deeply ingrained in these systems.

A disadvantage during this process is the fact that the topic of mental health crises in children is heartbreaking and brings with it emotional weight. However, challenging aspects of this process include balancing different hats and roles: navigating identity as a researcher, teacher, and mentor to other chaplains; a spiritual caregiver; and an advocate for patients and their families. Self-care and resilience-building practices must be a priority for many chaplains who struggle with feelings of anxiety and burnout. Compassion fatigue is real; therefore, one must use different strategies to help throughout this journey. One of the most important is having other co-chaplains or trusted people with whom one can debrief after complex cases;

incorporating breathing exercises, outdoor walking, music therapy, prayer, and other spiritual practices will help the chaplain maintain healthy professional boundaries.

Research demonstrates that children facing illness, injury, or hospitalization often experience trauma, including the trauma of medical procedures, separation anxiety from separating from home, school, family members, friends, or the emotional impact of their physical illness and condition. Suicide risk rises in adolescents, especially those facing chronic diseases such as cancer, neurological illness, or mental health challenges. Pediatric clinical chaplains are integral members of the palliative care team, providing spiritual and emotional support to seriously ill children and adolescents and their families, often navigating profound questions of life, death, and meaning.

This research has been a blessing, deepening an understanding of personal growth, including the realization that suffering, resilience, and sacred presence go hand in hand. Being part of a sacred trust is a matter of a chaplain's honor. Chaplains are often invited into the most vulnerable spaces of a person's life, and it is a true privilege that opens the door to holistic healing. Spiritual care requires chaplains to maintain a state of vulnerability in the face of others' suffering, and for this reason, their training in emotional intelligence and compassion is thought to be central to mitigating burnout and compassion fatigue. The efforts in this research will facilitate interdisciplinary potential as it can bridge the gap between spiritual care and mental health care in powerful ways. It will have a transformative impact; even a slight shift in chaplain practice can have profound effects on our precious children and their families. This research reinforces the idea that clinical pediatric chaplains have a profound impact on patients and their families. Not only do they navigate difficult medical situations with patients, but they also guide patients and families in making ethical medical decisions that are crucial at the end of

life. Henry Nouwen writes, “Who can take away suffering without entering it? This impactful quote highlights the core principles of the wounded healer concept. He states that ministry and leadership require deep emotional, spiritual and physical involvement and vulnerability. He elaborates on the need for this emotional risk the same risk clinical chaplains take in their clinical settings. He further wrote, “Who can save a child from a burning house without taking the risk of being hurt by the flames? “Who can listen to a story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious peace of mind?”¹⁵

In conclusion, the chaplain is the “sage” who enters these highly fragile, vulnerable spaces and feels the pain and bears the suffering with the family. The chaplains are not afraid or shy away from the realities and sufferings of life. On the other hand, they confront it with incredible strength, resilience, and authority that can only come from an all-powerful, all-knowing, all-present Creator God and Jesus Christ.

¹⁵ 1. M. D. Reda Omar and Fajer Al-Kaisi, *The Wounded Healer. the Pain and Joy of Caregiving* (United States: Tantor Media, Inc, 2022).

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