**Spiritual Care**  
**Rev. Kelly Childress**

**Peter Hendler, M.D.:** Hello, and welcome to KP Healthcast. I’ll be your host today, Dr. Peter Hendler, and our guest is the Reverend Kelly Childress, who is a spiritual care manager here at the Greater Southern Alameda Area in Kaiser Permanente. Welcome.

**Rev. Kelly Childress:** Thank you so much for having me.

**Peter Hendler, M.D.:** Well, we’ll start with the first and most obvious question. What is a chaplain?

**Rev. Kelly Childress:** A lot of people ask that question. A chaplain is an interfaith care provider in a hospital setting who strives to understand what’s happening for people when they come into the hospital, various issues that arise that can be troubling for people. A chaplain is part of the healthcare team and tries to identify spiritual emotional issues that may affect the patient’s overall well being while they’re in the hospital, and then we try and assess that and address those issues.

**Peter Hendler, M.D.:** Now, I’ve heard the word chaplain referred to in the Armed Services. Does it mean the same thing everywhere? Does it mean the same thing there?

**Rev. Kelly Childress:** It does. It’s the same thing, but definitely in different circumstances and, therefore, there’s going to be different tools that they would use to meet the spiritual and emotional needs of the people they’re working with.

**Peter Hendler, M.D.:** Okay, but part of the meaning of the word chaplain has to do with its interfaith?

**Rev. Kelly Childress:** Definitely. In the sort of older times, the chaplains that would come into a hospital setting were usually clergy from the community. Nowadays, and I say maybe over the last few decades, there is a discipline of professional chaplaincy, and we have to go through a great deal of training to get to this point. So, for example, my training included seminary, I went to Pacific School of Religion in Berkeley and I achieved a Master of Divinity and a Master’s in Bioethics. Then I needed to do a yearlong clinical pastoral education residency. I did mine at UCLA in Los Angeles. Also, it’s important to be either an ordained minister or member of clergy or if one’s denomination or faith group does not ordain their members, then as long as they are a part of some kind of faith group, then that would count in lieu of ordination. There’s also just a need to have a great deal of experience, so most of us do something while we’re in seminary, in terms of doing some sort of field education in the hospital setting.

**Peter Hendler, M.D.:** When you see patients in the hospital, somehow you must find out that there’s somebody in the hospital that needs to be seen. Is that the family request? The patient request? The house staff request? How do you find out when there is somebody that desires your services?
Rev. Kelly Childress: Well, we see the daily census and we do triage using that list. But we also get many referrals from house staff, so that would include the doctors, nurses who are working directly with our patients. Also, sometimes a dietitian might say that there’s a patient that she or he sees that they think is in emotional or spiritual distress. So we do get referrals from staff and that’s extremely helpful and then we also look at the census and do a triage. What are the illnesses that people are facing? And how long have they been in the hospital? We try and go from that and discern who to see next.

Peter Hendler, M.D.: It’s called Spiritual Care Services, and let’s start by asking you, what is spirituality?

Rev. Kelly Childress: Spirituality is the essence of who we are. People are not cars and hospitals are not repair shops. We strive to treat the whole person, body, mind, and spirit. It’s the nonmaterial or spirit part of us that comprises the substance of who we truly are. For the hospital chaplain, spirituality describes an awareness of relationships with all creation, an appreciation of presence and purpose that includes a sense of meaning, and I quote Larry Vandecreek who edited a wonderful paper, it’s a white paper for professional chaplains and it’s a very informative piece about what we do and how we do it.

Peter Hendler, M.D.: We did talk about what a chaplain is and the next question would be what does a chaplain do? There might be some overlap there but there might be some things we failed to mention that you’d like to go over.

Rev. Kelly Childress: We serve the spiritual or core needs of patients, families, and staff of all or no professed faith. So we work with people who are Christian, Buddhist, Jewish, Atheist, Baha’i, Wiccan, the whole gamut of religious or spiritual experiences. Many people have core needs in times of crisis, regardless of their religious background and chaplains journey with and explore the feelings and needs that can arise in people who are dealing with the myriad challenges that come up when one is hospitalized. It can be a very, very dislocating experience.

Peter Hendler, M.D.: And maybe you can describe some of the ways you try to meet the spiritual needs.

Rev. Kelly Childress: Well let me back up a little bit. Some of what we do, again in facing the prospect of dying and making end-of-life decisions, it can be very difficult dealing with those kinds of changes. Say you have a person that comes into the hospital, maybe it’s a young man who has been working most of his life, he has a family that he’s supporting, or at least co-supporting, and he looks at himself and his identity that he’s built up over time is he’s a strong person, he’s able to work, he’s able to be independent, he’s a good father, he’s a good partner, those kinds of things. Well, sometimes people come into the hospital and they have a chronic illness or perhaps even it’s at the point of their life where they have an illness that’s going to end their life. And things that they
thought about who they were might start to fall away. The sense of who they were might be changing very rapidly. For example, he might end up bed-ridden and unable to do the kinds of things he did before. He might not be able to work anymore. He might not be able to play with his children the way he did before. Then he looks at himself and might wonder, well who am I now that I am no longer this father that I thought I was? Or that I am this worker that I thought I was? Or that I’m contributing to society in the way that I was brought up to believe that I should? And that can be a profoundly difficult experience for any of us to go through. And so one of the things that we try and do is hear that story, hear that pain, and help explore who that person is beyond those things that they thought they were, beyond those aspects of personhood that they thought they were. And for some people it can be a very satisfying and deeply challenging and rewarding experience for them, although, really going through hell to get to a point of being at peace again.

Peter Hendler, M.D.: We have psychology services too. Do you find that you’re often working together or do some people prefer one approach or the other approach?

Rev. Kelly Childress: Well, we definitely work together. We sometimes parallel each other but the difference I think really is psychologists and mental health therapists are going to be counseling someone and working to help them overcome something in a very different way, whereas we’re exploring what’s coming up with them and helping them find their way through the spirit. We’re not doing mental health counseling with people and when those kinds of issues come up, issues for example of depression or other things that could be considered mental health diagnosis, we definitely want to refer to someone who is a professional and can deal with those kinds of issues.

Peter Hendler, M.D.: Okay, I can see that there would be some overlap because in the situation that you were describing, I would think that that would be depressing as well as spiritually bad too.

Rev. Kelly Childress: Definitely, definitely. One thing I think it’s important to point out is that one of the things that the person in the story I just described is going through is grieving. And grief itself is not a mental illness, although there can be aspects of it. People might feel depressed during grief. That does not mean they have clinical depression. There are some ways to discern if somebody needs the help of a grief support group or if they need some more sort of invasive therapy where they’re really seeing a very skilled grief therapist, perhaps receiving some sorts of medications to help them.

Peter Hendler, M.D.: Can you tell me an experience where there was somebody who was not religious that, somehow, either by themselves or someone else asked for assistance and how that went?

Rev. Kelly Childress: Yes, there are a lot of people in the hospital that don’t have a particular religious background, some who are atheist or just view their sense of spirit, for lack of a better phrase, in terms of maybe their connection with nature or their connection with their children, or their connection to their own mind. And really there’s no
difference in how we approach, basically, those kinds of people and I’ve had a lot of success in working with a variety of people. It’s just really a matter of respecting who they are, respecting where they are, and not trying to change them in any way, just to be with them where they are. So for example, I have worked with people who would not consider themselves religious or really spiritual at all, but just to have somebody who can come and sit with them and look at them and see who they are and see their humanity. Someone who can spend some time with them, who can hear their struggle, hear their pain, explore with them some of the concerns that they have coming up. They may be worried, if for example they are dying, they may be worried and often are, what’s going to happen to my children? Or what’s going to happen to my mom who I’ve been taking care of? We can just be with them in that pain and listen to them and sometimes that’s really all they need. When I was first learning about the art of chaplaincy, I had the tendency to want to fix people. And that’s kind of a struggle. It’s been sort of a struggle for me. I have fortunately been able to realize that there’s really nothing I can fix. There’s nothing I can do but be present and if I can bring a whole grounded presence to people’s bedside and be with them exactly where they are, as they are, that in itself is healing. And if I’m able to explore with them the issues that they’re raising and help them to go deeper into their own wisdom, they find their way.

Peter Hendler, M.D.: Now I asked you a specific situation. If I just leave it up to you to come up with another situation, that might be interesting for our listeners to see how this works.

Rev. Kelly Childress: There’s so many different situations that come up, I could go on and on but I’ll offer a couple. I was once, sometime ago, I was called Stat to the OR and that was unusual because chaplains aren’t usually called Stat. That’s usually reserved for the docs, and I jumped up out of my chair and I ran down and I was greeted by many staff members. This was not actually at a Kaiser hospital. And they had sort of this gear for me to wear, this full body papery suit and booties and a paper hat and mask and all these kinds of things. There was actually a woman who was brought into the operating room. She was very, very sick. It was not expected for her to be able to survive but the hope was that something could be done and it turned in the end that she was dying and to their credit they knew that this was a person for whom her spirituality, she was Catholic, was vitally important for her and they, before she had passed away, called and asked for me to come down. And I ran down to her side and in the operating room offered the blessings for her as best that I could and then I was able to, after that was over, I was able to spend time with her very large family and give them some information about her last moments, because they were peaceful and she was surrounded by love and respect and care.

Peter Hendler, M.D.: Thank you very much for being with us today and are there any last thoughts that you’d to sum up with?

Rev. Kelly Childress: Well I just want to mention a few of the things that we have in the GSAA. We have meditation rooms for patients who are ambulatory and for families, to be able to go and spend time just in quiet reflection, to be able to pray or meditate.
Each room has sacred scriptures of different traditions and also Muslim prayer rugs. In our work with patients also we might use mediation or guided imagery and we do that to help them deal, sometimes, with anxiety or with pain. We also have special music that can help someone feel more balanced, help them to relax or fall asleep. We have pet therapy in the GSAA where we have trained dogs who can visit patients and offer, really the unconditional love that only an animal can and studies have shown that pet therapy helps reduce stress and lower blood pressure and bring a greater sense of ease and hope and it’s just delightful to have them out on the floors with us. We also have grief support groups that are open to anyone in the community. You don’t have to be a Kaiser member. And I have some numbers I’ll give to get in touch with that but basically if you’re in the hospital and you need someone to listen to you, if you or someone you care for is experiencing grief or stress, fear or trauma, we’re here for you. Whether it’s a need for prayer or ritual or sacramental ministry. I actually did marry someone in the hospital once who had cancer and didn’t have very long and wanted to take that final step with his partner and that was a joy for both of them and all of us as well.

Peter Hendler, M.D.: I noticed somewhere that it even mentioned baptism. Has that ever happened in the hospital?

Rev. Kelly Childress: Oh yes, we often will baptize. There are many infants that are born and end up in the Neonatal Intensive Care Unit and so families request baptism frequently for those babies and sometimes just, it may be a baptism or if it’s a non-Christian family then a blessing ceremony or a naming ceremony. We do those kinds of things for people as well.

Peter Hendler, M.D.: You also mentioned that it’s not just for patients but also for staff. How often would that happen?

Rev. Kelly Childress: We speak with staff really every day. We’re just checking out how they’re doing when we see them on the floor. One thing I heard someone say, I can’t remember where this came from but when there’s a Code Blue in the hospital the staff run to get there as fast as they can so that they can treat the patient. The staff runs, the doctors and nurses run, the chaplain walks and we try and bring that very calming presence with us wherever we’re going. So we see the staff and just check in with them on a daily basis but also they know we’re here and can sometimes come and talk with us because the staff in a hospital are under a great deal of stress and pressure. They are dealing with life and death situations, they’re dealing with grief and loss and suffering just as we are and they care a lot and they internalize that sometimes and they need help to learn how to process the grief that they’re feeling, to let go of some of that grief and stress and so I do a lot of work with the staff in terms of stress reduction and grief support.

Peter Hendler, M.D.: Thank you very much. This has been very interesting. Maybe you can come back sometime and do a follow up podcast with us.

Rev. Kelly Childress: I’d love to.
Peter Hendler, M.D.: I’d like to thank our audience for listening to our podcast today on spiritual care. KP Healthcast is created by the people at Kaiser Permanent in Fremont, Hayward, and Union City California. These podcasts are for general information only. They are not intended to be used as a substitute for medical advice given to you by your personal physician. If you or your family member have any of the conditions that we discuss in our podcasts, we encourage you to discuss your individual case with your personal physician. Every case is different and your physician is in the best position to know what’s best for you. You can find all of our podcasts on our home page at http://www.KPHealthcast.org. You can e-mail us at castmaster@KPHealthcast.org. We’d love to hear from you. Check our home page regularly for new topics and, as usual, be on the lookout for new ways to THRIVE.