2017
RELIGIOUS SUPPORT
FAMILY LIFE MINSTRY
SMARTBOOK
C4

Chaplain (Major) Dan Hardin, US Army Chaplain Center & School, 17 January 2017

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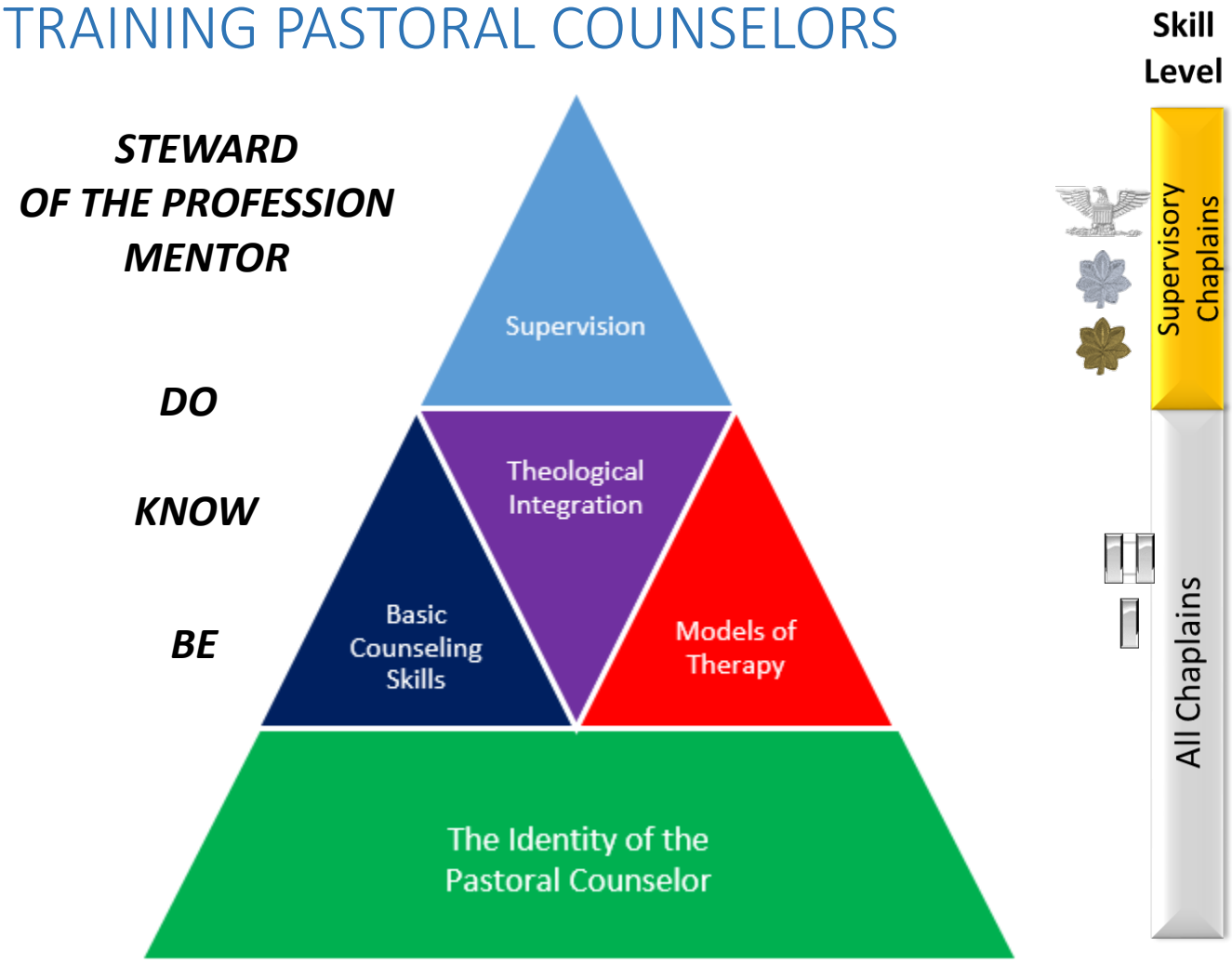
TRAINING PASTORAL COUNSELORS



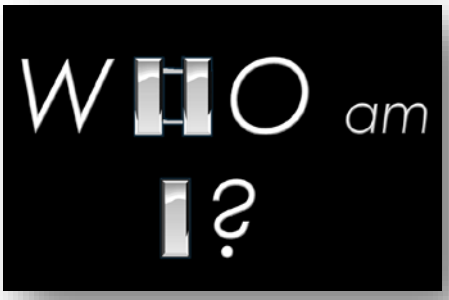
The Pastoral Counselor Development Model

Army doctrine begins with the profession and the leader. At the heart of leadership is the character and presence of the individual. In older leadership manuals, this was expressed as BE-KNOW-DO. Today, Leadership Attributes and Competencies work together on the inside to aid the individual in influencing others toward organization goals and mission accomplishment. Within pastoral counseling, effective ministry begins with the person and identity of the pastoral counselor. KNOWING what to DO is only as effective as the presence and character of the counselor (who they are (BE)). Before exposure to any model (secular or religious), chaplains need to develop their identity, increase self-awareness and emotional intelligence, and think critically about how their theology speaks to the process of pastoral care and counseling. It is difficult to teach the basic counseling skill of empathy without first being in touch with our own emotions, triggers, and issues. Identity is the foundation of leadership and developing an effective pastoral counselor.

Develop Supervisory Pastoral Counselor Identity

1. **Examine company-grade chaplaincy actions in: the RS Task list, AR 165-1, FM 1-05, and DA PAM 600-3, ch. 39.**

   - Notice the types of verbs associated with company grade chaplain ministry: deliver, perform, provide, etc.
   - Company Grade Chaplains spend most of their time delivering (doing) direct religious support.



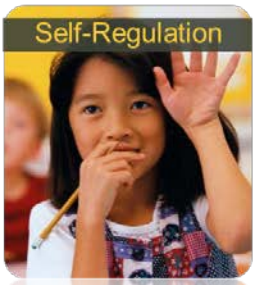
2. **Examine field-grade chaplaincy actions in: the RS Task list, AR 165-1, FM 1-05, and DA PAM 600-3, ch. 39.**

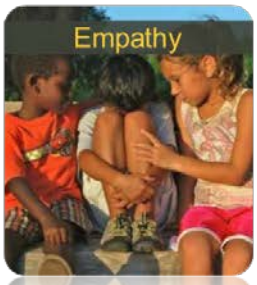
   - Search for 'supervis' and notice the difference in verbs: supervise, mentor, coach, train, develop
   - All chaplains at every grade will always deliver direct religious support
   - The distinct difference of a field-grade chaplain is that they spend most of their time supervising, empowering, and enabling, the direct religious support of their subordinates.
   - Field-grade chaplains assess, train, mentor, and coach subordinate ministry teams to deliver religious support.
   - Field-grade chaplains take initiative in this process.

3. **Identity is critical for all chaplains, especially field-grade chaplains**

   - Maturity, calm, high empathy, self-awareness, self-regulation, and self-control.
   - Embrace a new identity: Army chaplain supervisor (different than staff officer, different than civilian clergy).
   - Comfortable with working with others of different faith, helping them embrace an Army Chaplain Identity.

Develop Emotional Intelligence and Advanced Empathy





EMOTIONAL INTELLIGENCE: the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships using emotional information to guide thinking and behavior. Unlike IQ, EI can and does increase over time. It is a set of learned skills. Dr. Daniel Goleman is a pioneer in this field, see this article.

Advanced Empathy Skill Building:

- Understand there are at least two levels of every communication: cognitive and affective (thoughts and feelings)
- Empathy works on the affective / feeling level
- Empathy is the 'glue' of relationships
- The goal of empathy is the other ***feels*** understood, accepted, and respected.
- **Basic Empathy:**
    - Listen FOR emotions.
    - Guess, "What is the feeling word / emotion the other is de scribing?"
    - Put yourself in their shoes and ask, "What would I feel emotionally if I were in their place?"
    - Use active listening and communicate your emotional guess using an actual emotion word: "If I was in your shoes, I'd feel hurt. How close is that to what you're feeling?"

- **Advanced Empathy**: The deeper feeling behind the surface feeling.
    - Once you've identified the basic / surface feeling (usually happy, sad, mad, numb, etc.), guess at what the deeper feeling could be.
    - So I hear you saying you are hurt, but as I listen to you, it seems the hurt is coming from a deeper feeling of betrayal, is that right?
    - Identifying the deeper feeling gives clues to the deeper thoughts which often reveal the brokenness or woundedness needing care, grieving, or healing. Surface anger can point to deeper feelings of guilt, which are drive by thoughts, "I am responsible for what happened" which explain the wound that needs healing.

Assess a Potential Counselee

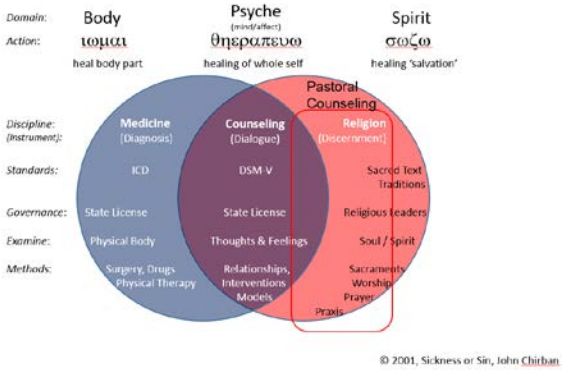
During your ministry as a chaplain you may not know how best to help those you serve. Sometimes Soldier's don't share everything needed for chaplains to know how to help them. Neither do they always clearly express what they want from you. Knowing how to professionally assess a Soldier's situation helps the chaplain take care of all Soldiers in an ethical, professional manner. An assessment is not a religious function; a chaplain should perform an assessment for any Soldier, Family Member or authorized person coming for help. Assessments steps include:

- **Employ Standards of Care**: Empathetic, active listening, curiosity, respect, being pastoral in disposition, and respecting the autonomy of the other person.
- **Prepare for an Assessment:** Maintain a current referral list, read your endorser's guidance and clearly understand any limitations or constraints, know the Army Ethic and relevant ethical codes, and review AR 165-1, 3-2b.
- **Initiate Contact:** Welcome, introduce yourself as Chaplain _____, use their rank and title, and remind them of confidentiality.
- **Maintain a Professional Ethic:** Show respect for all, especially subordinates, employ empathy, practice self-awareness, practice cultural-awareness, maintain a non-judgmental disposition, and maintain calmness, presence, and emotional control
- **Assess the Issue:** Use open ended questions, such as "What brought you here today?" or "How can I help you?" Ensure you understand what they expect of you and what the problem is.
- **Reflect Your Understanding of the Issue:** Use active listening, "So I hear you saying your problem is ___ and you'd like me to _____. Is that right?"
- **Determine the Best Way to Help:** Pause and consider, "Am I able to perform pastoral care or counsel for this person? Do they need a referral to another professional or agency? Or, do they need advisement on Army policy or procedures?" Determine the way ahead and check in with them.
- **Terminate the Assessment:** Summarize the assessment, check with them on their concurrence with the summary, follow through (either by performing or providing pastoral care or counsel, making a referral, or performing advisement).

Brigade-Level Health Services Support Integration

Know the distinctions and overlap of the helping professions

- Chaplains operate in two of the domains.
- Chaplains collaborate and cooperate with all domains.



DA PAM 600-24, 2-7 states: "Chaplains provide multidisciplinary support and cooperation with health services support assets."

- Brigade commanders have expectations that chaplains will do just that.
- Real obstacles to cooperation exist: e.g. confidentiality & HIPAA
- Chaplains work to find commonality and to overcome barriers:
  - We are fellow professionals with higher education than most other staff officers
  - We are fellow care providers (this is the main similarity and a good place to start in building relationships)
  - We have special requirements regarding reporting (confidentiality and HIPAA)
  - We are key and instrumental in crisis response (MASCAL, TEM, Suicide intervention)
  - We often work together on a commander's staff (clinics, hospitals, Medical Detachments, Combat Support Hospitals, and in military units)
  - Familiarize yourself with evidenced-based research in faith-based journals
  - Take 1 unit of CPE
  - Receive training in: TEM, Moral Injury, CMM/EMM, etc.
  - Become a CPE or Family Life Chaplain
  - Build relationships with MFLCs and BHS professionals
  - Participate in training with BHS; perform joint training
  - Focus on what you can share with each other

An Overview of Couples Collaborative Therapy

"We don't solve the problem (what they fight about), we help solve the moment (how they talk about it)" – Dan Wile

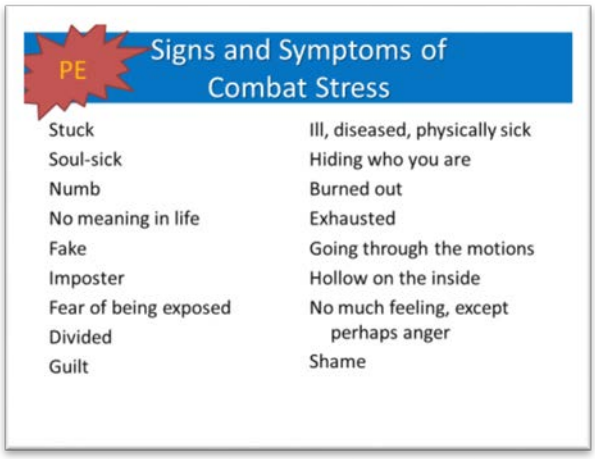
Fighting and withdrawing are inevitable in a couple relationship, but partners can become increasingly skillful in reducing their frequency, duration, and damage, and even turning fighting into opportunities. In Couples Collaborative Therapy, the counselor speaks for partners, translating their fighting or withdrawing into intimate conversations. Collaborative Couple Therapy is based on the assumption that partners in a problematic exchange are in need of a conversation. Those in adversarial interactions are in need of a *conversation of reconciliation* in which each partner appreciates the other's point of view. Those in a withdrawn interaction are in need of a *conversation of reconnection* in which each partner confides her or his heartfelt feelings. The therapeutic task is to trigger the needed conversation.

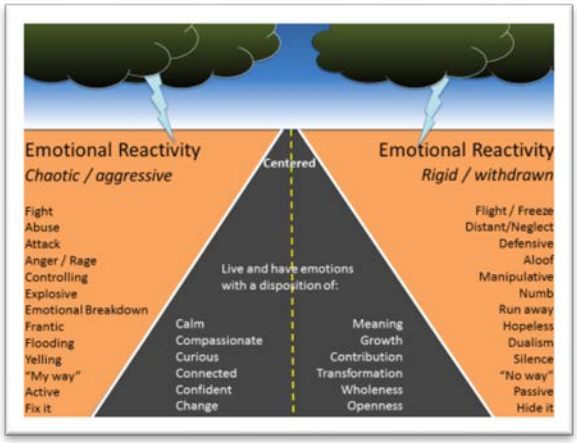
1. Core concept: Couples suffer from the lack of conversation; we help them have that conversation.
2. We don't solve the problem (what they fight about), we help solve the moment (how they talk about it).
3. We often move in and speak for them using "doubling," the signature intervention
4. Doubling changes the tone, makes acknowledgments, and changes "you" to "I" (complaints to 'wishes' or 'fears').
5. Our greatest danger is taking sides.
6. Through doubling and not taking sides, we model how to have a conversation "above the fray".

CCT Interventions:

- **Doubling**
- **Compassionate Overview Statements**
- **How Much, How Much Questions**
- **Sentence Completion**
- **End of Session Questions**

Provide Religious Support to Combat Stress Casualties





	Post-Traumatic Stress	Moral Injury
Message	Something bad happened to me (or I witnessed it) and I can't make sense of it.	I did (or I believe I did) something bad and I can't make sense of it.
Sample Thoughts	*"Why did I survive the IED, and my buddy sitting next to me didn't?"*	*"I had no choice but to run that child over during the patrol; Why can't I move on?"*
Emotions	Fight, Flight, Freeze	Shame, Guilt, Confusion
Symptoms	Fear, Hypervigilance, Intrusive Thoughts, Numb, Sexual Dysfunction, etc.	Disillusionment, Despair, Loss of faith, Loss of identity, Suicidal Ideations
Common to Both	Flashbacks, Anger, Depression, Anxiety, Insomnia, Self-medication with substances, Isolation, Nightmares	

Chaplain Facilitated Healing Strategies

Movement from psychological labeling to viewing the condition as an injury *(See Dr. Stephen Muse)*

A holistic approach: processing behavioral responses, thoughts, and emotions associated with the stuck traumatic memories *(see Dr. Terry Wardle)*

Addressing the soul of the wounded *(see Dr. Peter Levine & Babette Rothschild):* Confession, lamenting, mourning, forbearance, forgiveness, acceptance, and transformation in the context of safe, non-judgmental community.

Essential Experiences: truth telling, mindfulness, courage, reclamation of devalued or dissociated internal parts, and reconnection with self, community, and the Divine *(See Dr. Richard Schwartz, Dr. Sue Johnson, Dr. Terry Wardle).*

Essential Ingredients: connection, compassion, contribution to the community *(See Dr. Bill O'Hanlon & Dr. Brené Brown)*

Wounded healers operating from compassionate vulnerability offering comfort and healing space for those wounded *(see Henri Nouwen).*

Leadership and Self-Care

"There are many ways we refuse to have our own feet washed while yet expecting to be able to do this for others." - Dr. Stephen Muse

Being a US Army Chaplain exposes us to a stressful and demanding environment:

- Working in a culture of trauma, loss, and grief
- Expected to have the answers, be the expert, be always ready to give, care, and heal
- Competitive promotion system
- Zero-defect mentality
- Petri dish for work-a-holism, performance, perfectionism, and ego-centrism

Elements of a robust self-care plan:

- Address the 4 dimensions: body, mind, emotions, and spirit.
- Write it down
- Obtain the resources to do it: (funding, key relationships (mentor, therapist, supervisor, spiritual director))
- Anticipate obstacles in advance and develop a plan for them
- Review your plan with a trusted confidant
- Ask three others to hold you accountable to the plan

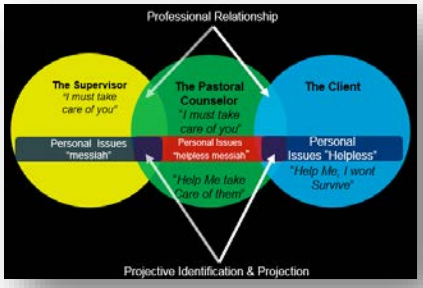
Basic Supervision of Pastoral Counseling

AR 165-1 states that supervisory chaplains (and Family Life chaplains) are to provide case consultation (basic supervision) of subordinate pastoral counseling, and that confidentiality rules extend to the supervisor (*AR 165-1 16-2i & 16-2j*).

Details about the subordinate's client can be freely and openly discussed with a supervisor to ensure quality of care and safety. Details about the subordinate chaplain's personal illegal, immoral, or unethical issues are not confidential with the supervisor.

Supervision of Counseling is: The sustained, intentional interaction between a more proficient chaplain and a less proficient chaplain undertaken to support the clinical and professional development of the latter, and directly and indirectly improve counseling effectiveness.

***Supervisors are aware of and looking for*: *Projection*, *Projective Identification*, and *Isomorphism*:**



Projection is where we think someone else is feeling or behaving in a particular way when actually it's our feelings or behavior. "*I find it hard to feel sad or angry about things I tell to another, but I imagine him feeling sad or angry - I project my feelings onto him.*" Sometimes people accuse others of doing things they are in fact doing themselves.

Projective Identification is where I am being projected upon, and I unconsciously identify with the projection and act out based on it. E.g "I suddenly feel intimidated by the other person and respond to the intimidation by folding or becoming hostile"

Four Common Projections and Projective Identifications:

1. **Dependency**: "I need you…" and the counselor feels compulsion or tempted to flee
2. **Power**: "You had better…" and the counselor feels threatened or incompetent
3. **Sexuality**: "You need me…" and the counselor feels aroused or repulsed
4. **Ingratiation**: "You owe me…" and the counselor feels guilt or indignation

Isomorphism is parallel processing, where a client projected on the chaplain and the chaplain turns around and projects the same on the supervisor. E.g. The client is dependent, "Help me, tell me what to do chaplain!" which causes the chaplain to identify with the dependency by feeling pressure to save this person. The Chaplain, feeling pressure goes to the supervisor, "Help me, tell me what to do to help this person!" and the supervisor identifies with the chaplain's dependency by feeling pressure to tell the chaplain what to do. Unrecognized, this is bad.

ROLE ➡ FOCUS ⬇	TEACHER (INSTRUCTOR; HELP DEVELOP SKILLS) *DIRECT*	COUNSELOR (HELP IDENTIFY HOW PERSONAL ISSUES AFFECT PROCESS) *LESS DIRECT*	CONSULTANT (PEER-LIKE; BOUNCE IDEAS OFF EACH OTHER) *COLLABORATIVE*
PROCESS (WHAT THEY ARE DOING; INTERVENTIONS)	What intervention did you use, how did it go? This is how to do __intervention…	What prompted you to select that intervention? Was it because of something happening in you?	That was an excellent intervention… what are you thinking about next? What are the possible outcomes of that intervention?
CONCEPTUALIZATION (HOW SUPERVISEE UNDERSTANDS CLIENT AND THE PROBLEM)	How do you see the couple problem? Here is how you can discern the interaction pattern…	How do you keep the therapeutic goal theirs and not yours?	What are some other possibilities for understanding this couple's problem?
PERSONALIZATION (HOW SUPERVISEE'S PERSONALITY AND ISSUES AFFECT THE PROCESS)	What was your emotional reaction to what he said? This is how you can recognize emotional reactivity…	In what ways does this couple's problem remind you of relationships in your life?	Sometimes that reaction happens in counselors. What can you do to recognize it and use it diagnostically?

Use The Discrimination Model to deliver basic supervision.

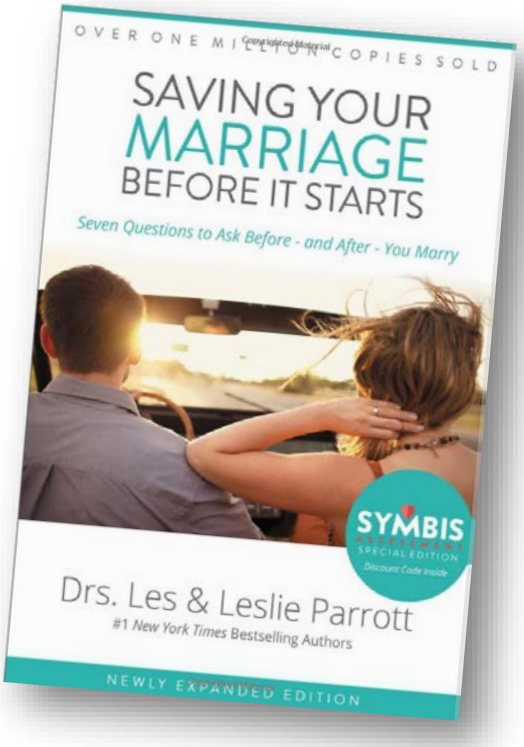
Read Sheldon Cashdan to learn more about projection, projective identification (Object Relations Theory) and how to use it in a positive way in pastoral therapy.

SYMBIS

SYMBIS stands for: “Save Your Marriage Before It Starts”.

It was developed by Drs. Les and Leslie Parrott.

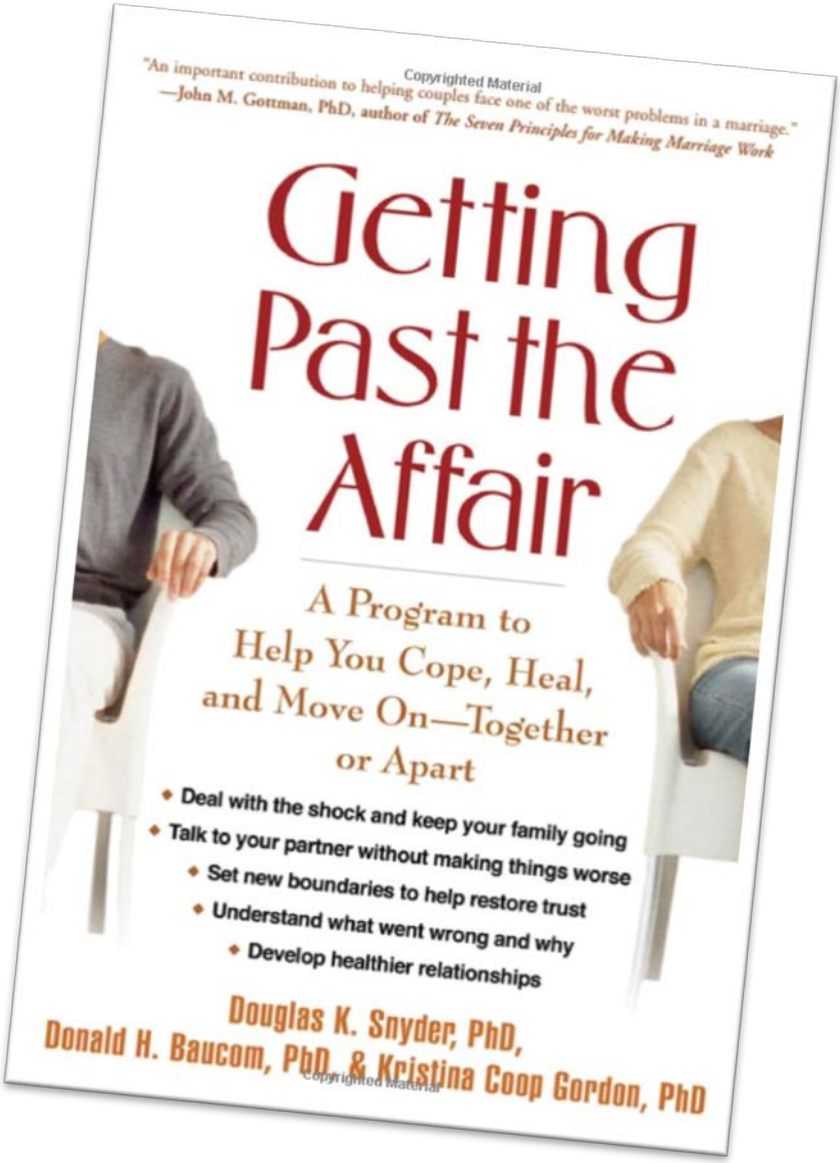
It is a reliable, verified, and comprehensive couple assessment that provides a template for several pre-marriage or couple counseling sessions.



Certification to administer the assessment costs $200.

The actual couple assessment costs $35 / per couple.

Go to: http://www.symbisassessment.com/ for more information.

Getting Past the Affair

Getting Past the Affair is a program developed by Dr. Douglas Snyder. It provides a guide through the initial trauma so one can understand what happened and why it happened before deciding how to move forward. Based on the only program that's been tested--and proven--to relieve destructive emotions in the wake of infidelity, this program offers support and expert advice from a team of award-winning couple therapists. You'll find realistic tips for rebuilding a marriage and restoring trust. But no matter which path a couple chooses, they'll discover effective ways to recover personally, avoid lasting scars, and pursue healthier relationships in the future.