



CASC / ACSS
Canadian Association / Association canadienne
for Spiritual Care / de soins spirituels

GUIDELINES FOR VIRTUAL CARE PRACTICE

A RESOURCE TO SUPPORT CASC/ACSS MEMBERS

Professional Practice Commission

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The Canadian Association for Spiritual Care / Association canadienne de soins spirituels (CASC/ACSS) advances the professionalism of spiritual care and psycho-spiritual therapy in Canada.



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HISTORY, CONTEXT & PURPOSE

More CASC/ACSS Members are using virtual means to provide care. The COVID pandemic greatly increased the need for virtual options of care. The Professional Practice Commission was asked to develop a set of guidelines for virtual care to inform CASC/ACSS Members. These guidelines were developed as a resource to support practice, recognizing that all CASC/ACSS Members practice within the CASC/ACSS Code of Ethics and Professional Conduct. Where CASC/ACSS Members work in contexts of provincial regulatory bodies or institutions that have virtual care guidelines or policies, those guidelines should take precedent over our Association's guidelines. Suggestions for how to improve the present set of guidelines may be directed to the Professional Practice Commission.

GUIDELINES FOR VIRTUAL CARE PRACTICE

DEFINITION OF VIRTUAL CARE

Virtual care is any interaction between care recipients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies through video or phone with the aim of facilitating as well as maximizing the quality and effectiveness of care. Not every interaction may be appropriate for virtual care; however, virtual care has been demonstrated to be effective for a variety of services.

PLATFORM SECURITY

Most institutions where CASC/ACSS Members may be employed, have platforms, policies, and processes pertaining to virtual care. In institutional contexts of virtual care the practitioner should use the secure platform of the institution and adhere to institutional policies. Regulatory colleges will also have guidelines and regulations to direct practice.

In private practice the CASC/ACSS Member must give attention to choosing and managing a secure platform conforming with provincial privacy regulations. You might need to do some research and perhaps consult with a colleague near or far. Choosing a platform includes considering:

- Cost
- Ease of use
- Reliability



You must become familiar with technical issues around its use by testing the platform, perhaps practicing how to manage using both the platform and phone together if necessary, and what the practitioner /therapist and the recipient might do if the session is disconnected.

DOCUMENTATION

Just as with in person care, documentation (including progress notes) is a legal requirement of all virtual sessions and needs to be completed according to provincial and institutional policies and practices. There must be a process for obtaining and documenting informed consent, and when appropriate, signed consent.

In private practice, contracts must include:

- Information about therapist
- Risks/benefits of therapy
- Privacy policies and disclosure laws
- social media interaction
- guidelines for patients to contact their therapist
- a statement addressing how to access emergency mental health support
- frequency and duration of session
- payment procedures
- missed session/non-payment procedure
- procedure if there should there be internet issues prior to or mid-session
- review and clarify with the care recipients' expectations for payment contracts and related processes and procedures.

All documentation must be stored in compliance with provincial health information and privacy legislation. Whether printed or digital, all documentation must be stored with a double lock. If a document needs to be signed by a client, ensure you have a plan in place to make this possible.

PREPARING FOR VIRTUAL ENCOUNTERS

PREPARATORY INFORMATION

As one prepares for initial virtual interactions, questions that might be considered depending on context:

- Is there a chart or process notes that can be reviewed?
- What is the primary reason for referral or request for care?
- What permissions do you need or have to speak with any family members etc.?
- What other professional care providers are involved?
- What will help to mitigate the lack of contextual cues during the conversation? E.g. Perhaps vision or auditory impairments will have impact. Is someone in the middle of chemo therapy?
- What signed consent documents or intake forms are required?



PREPARE FOR CARE RECIPIENT SAFETY

If the care recipient identifies as being in crisis or is suicidal, or you assess that they may be:

- You should have training in crisis and or suicide risk assessment, intervention, and prevention
- When appropriate, safety plans must be in place.
- You should be familiar with the client's local crisis resources and discuss a plan for activating an emergency response, if necessary.
- Care-recipients should be provided with written resource list
- Discuss a plan with the client should the conversation be disrupted
- You should have immediate access to emergency contact information

In situations where domestic violence may be an issue:

- Sessions should be held when the privacy of the care recipient can be ensured
- Plan for possibility of interruption with care-recipient safety in mind. E.g. attention to background, change of subjects etc.
- If care-recipient is unsafe, follow appropriate reporting processes

ENVIRONMENT

CASC/ACSS Members should be aware of the following:

- Physical location:
 - Privacy – place a do-not-disturb sign on your door
 - Background – pay attention to what the care-recipient will see behind and around you
 - Noise considerations – in your room and outside— consider use of noise cancellation machine or radio static/talk radio to reduce ability to overhear conversation
 - Use headset or earbuds to mitigate background noise and support privacy.
 - Lighting – more in front of you and less behind you. If using video conferencing support client in ensuring appropriate lighting, face framing on the screen to facilitate practitioner's ability to read expression.
 - Comfortable physical environment for both CASC/ACSS Member and care recipient: chair comforts, footrest, heating pad, stretch breaks, beverage etc.
- Technical Equipment:
 - Access, strength, and stability of internet for both CASC/ACSS Member and care recipient
 - Plan for possible disruptions in internet service
 - Camera position to ensure care recipient can see and read your facial expressions
 - You may wish to use a ring light to optimize lighting conditions
 - You may wish to disable your caller ID if you do not wish client to have access to your direct line.
- Interruptions – consider options to avoid or manage these
- Care Recipient
 - Verify the care recipient is in an environment that is conducive to the session.
 - Suggest care recipient informs others they are in session to avoid interruptions.
 - Suggest using headset or earbuds to mitigate background noise and support privacy.
 - Verify if the care recipient using a public or private device, and if so, review with the care recipient the risks associated with using public devices and networks.



- Verify if there anyone else with care recipient who can hear care recipient (in the house / in the car)
- Clearly set out expectations about recording or not recording this session.

SUGGESTIONS FOR ENGAGEMENT AND RELATIONSHIP

READING THE CARE RECIPIENT

Due to limited visibility for the CASC/ACSS Member to read the care recipient's body language, you may need to pay attention to other cues:

- Listen for pauses, breathing depth and rate, sniffles. Perhaps name what you notice, e.g. "Am I hearing tears?"
- Notice facial cues, such as eyes and jaw
- Notice and perhaps name background noise, e.g. "It sounds as though I'm hearing a child in the background. Do you have children?"

READING THE CASC/ACSS MEMBER

Due to limited visibility for the person to read your non-verbal responses and reactions that you might consider:

- Add a sound to your non-verbal responses perhaps.
- Exaggerate the visual cues that you might be giving.
- Use words if you must, such as:
 - "My eyes are tearing up when I hear you speak of this."
 - "As you are sharing, I need a moment of silence to process and form my thoughts. Please know that I am still listening."
 - "In my moment of silence I am making notes to help me follow the conversation."
 - "It may appear as though I'm looking down instead of at you. Your image on my screen is below my camera."
- Be intentional about looking directly into the camera when appropriate for emphasis or connection.
- Locate the care recipient's image as close to the camera as possible

PRACTICE ADAPTATIONS FOR THE VIRTUAL ENVIRONMENT

- Consider how you might adapt rituals/spiritual practices for use in a virtual environment.
- Collaborate with the care team/family when necessary, to enable client to make the virtual connection, e.g. Request that staff support patient to initiate or receive the call.

SESSION EXPECTATIONS AND EVALUATION

- Set up session visit expectations ahead of time (duration and frequency, e.g via zoom invite).
- Cue the client at the beginning of the session as to session duration.
- Near the end of the session, (about 10 minutes prior to its end) remind the client of time remaining.
- Plan with client to continue the conversation as needed in future session.
- Reserve time to collaboratively evaluate the session with the care recipient, particularly about the content and the technical process.



SAFE AND EFFECTIVE USE OF SELF

STRATEGIES FOR EFFECTIVENESS

- If you are new to using virtual technology test the platform with a colleague first.
- Notice your own comfort or nervousness in starting a virtual care visit and acknowledge it. You don't have to let the awkwardness of early virtual conversations keep you away from engaging. With practice you will be more comfortable and present, remembering it is a process.

STRATEGIES FOR SELF-CARE

- Online interventions can be more taxing than in person
 - Make time to move.
 - Interrupt your own stress responses.
 - Care for your eyes: rest / refocus; use blue coating for your screen or glasses. Turn down brightness on your monitor and adjust settings to protect your eyes.
 - Take a self-care break, ensuring you have time to prepare and recharge between calls.
- Remember to complete clinical documentation promptly and consistently.
- Remember to define work hours and stick to them especially when working from home.
- Be aware of your well-being, taking time nurture yourself physically, socially, psychologically, spiritually, and professionally.
- Exercise options for debriefing with a colleague or a peer consultant

UNIQUE CONSIDERATIONS FOR VIRTUAL GROUPS

- Consider screening participants for appropriateness and capacity to engage in a virtual group forum
- Contract with all participants for confidentiality within the group
- Consider how group size will impact engagement and visibility of each participant
- When possible designate a support person to attend to chat and technical support to free facilitator to focus on the program/content being offered. Support persons will need training in confidentiality and a clear understanding of their role within the group.
- Familiarize yourself with platform functions e.g. how to mute a participant, or how to admit or remove a participant from a group
- When setting up the group consider if participants will be able to join prior to host, if a waiting room will be used, or if participants will need to be admitted as they arrive. For example, in a closed group with multiples sessions participants may be encouraged to socialize prior to officially starting, whereas in an open group or single session, it may be appropriate for participants to wait in a virtual waiting room.
- Encourage participants to only share their first name on their screen to protect their privacy and identity
- Ensure all participants are aware of expectations such as if they are to have their cameras and/or microphones on or off
- Ensure participants understand if they will be visible and or audible to other group members.



SEMI-STRUCTURED SCRIPTS

A semi-structured script can increase your personal comfort and your attention for compliance with privacy regulations. Develop a general and casual introduction that avoids alarm and protects privacy. For example: “I’m calling from the spiritual care department” NOT “this is the chaplain” or “May I speak with NAME” NOT “This is the chaplain with the Prostate Diagnosis and Assessment Program. Is NAME available?”

SEMI-STRUCTURED PHONE SCRIPT	
Introduction	<ul style="list-style-type: none"> • <i>Hello, is [PATIENT FIRST NAME] available?</i> • If asked to identify yourself prior to confirming that you are speaking with the person you are intending to provide care to, respond with: <i>“This is [YOUR NAME] from [INSTITUTION NAME] regarding a non-urgent matter.”</i> Do not give more information than necessary to protect patient privacy. • <i>“Hi this is [YOUR NAME], I’m a spiritual care practitioner with [site/program]. Have I caught you at an okay time?”</i> • If not, make arrangements for an appropriate call back • <i>“As we’re speaking over the phone today, I just need to ask you a couple of questions to confirm your identity: Can you please provide your full name? Thanks you, and can you please provide your date of birth? Perfect”</i> [Inform patient of reason for your call.]
Consent	<p><i>“Before we get started, I would like to go over a few things with you to ensure you are comfortable with our conversation today. As I mentioned before [explore who you are and your role]. I’m sitting here in my office today with my door closed, and want to assure you this phone call is a private call and no part of it will be recorded. I want you to take a moment to consider your environment – is there anyone else present who might over hear the conversation, and if you’re comfortable with the degree of privacy on your end? If you are not using your own personal device/phone, are you comfortable with any risks that might be involved with using this device/phone? If for any reason we are disconnected during our conversation, I will call you right back if that’s okay with you. As I am part of your care team, I want you to know that I do contribute to your patient chart [describe charting practices as appropriate/necessary]. Meeting by phone may not be ideal, as we are unable to see one another and many of the subtle non-verbal cues can’t be seen, it does provide a way for you to continue to access spiritual care, given the circumstances. Are you comfortable with moving forward at this time?”</i></p>
Voicemail	<p>Unless the patient identifies themselves in the voicemail message, DO NOT leave a message. If they do identify themselves leave a generic message such as:</p> <p><i>“Hello, this is [YOUR NAME] from [INSTITUTION NAME] regarding a non-urgent matter. Please give me a call back at [phone number] at your earliest convince. That’s [phone number]. Thanks.”</i></p>



ADDITIONAL RESOURCES

“A QUICK GUIDE TO PROVIDING TELECHAPLAINCY SERVICES”

This sheet serves a brief resource for understanding and providing telehealth services either by telephone or video conferencing. It addresses questions including: is telehealth an option for spiritual care providers or psycho-spiritual therapists; system for use; and how do I deliver telehealth care? Additional resources will be included for those who wish to receive more information about telehealth.

<https://www.professionalchaplains.org/Files/resources/COVID-19/A%20Quick%20Guide%20to%20Providing%20Telehealth%20Services.pdf>

INSTITUTIONAL AND PROFESSIONAL COLLEGE MATERIALS ON VIRTUAL CARE

Virtual Care Model of Excellence for Eastern Health, Newfoundland.

College of Registered Psychotherapists of Ontario's, *Electronic Practice Professional Practice Guideline.* <https://www.cppo.ca/wp-content/uploads/2019/03/FINAL-Electronic-Practice-Guideline-approved-01MAR2019.pdf>

LINKS TO SPIRITUAL CARE PROFESSIONAL ASSOCIATION RESOURCES ON VIRTUAL CARE

ASSOCIATION OF PROFESSIONAL CHAPLAINS, COVID-19 RESPONSE MATERIALS

<https://www.professionalchaplains.org/content.asp?pl=86&sl=1024&contentid=1024>

Multiple resources from different health systems and chaplaincy leaders
Recorded sessions and town halls available

CHAPLAINCY INNOVATION LAB, COVID-19 RESPONSE MATERIALS

<https://chaplaincyinnovation.org/2020/04/chaplaincy-coronavirus>

Scripts and resources available from multiple health systems
1-hour panel presentation on providing virtual support during COVID-19 pandemic
Recorded sessions and town halls available

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS, COVID-19 RESPONSE MATERIALS

<https://www.nacc.org/resources/coronavirus-resources/>

Includes hospital protocols, information sacraments, prayers
Recorded sessions and town halls available

NESHAMA: ASSOCIATION OF JEWISH CHAPLAINS, COVID-19 RESPONSE MATERIALS

<http://jewishchaplain.net>

Includes support resources for chaplains



ASSOCIATION OF CLINICAL PASTORAL EDUCATION, COVID-19 RESPONSE MATERIALS

<https://www.acpe.edu/ACPE/News/Stories/2020/COVID19ResponseandAccreditation.aspx>

ASSOCIATION OF MUSLIM CHAPLAINS: COVID-19 CHAPLAINCY LINKS & RESOURCES

This resource list is to support Muslim chaplains providing spiritual care during this time of pandemic as well as non-Muslim chaplains serving Muslims.

<https://associationofmuslimchaplains.org/covid-19-chaplaincy-resources/>

MGH PSYCHIATRY ACADEMY, PROVIDING PALLIATIVE CARE SUPPORT VIA TELEHEALTH

<https://vimeo.com/267407042/56db53d20f>

JOURNAL ARTICLES ON FOSTERING THE USE OF VIRTUAL CARE AND IMPORTANCE OF SAFE AND EFFECTIVE USE OF SELF

Atkinson, Mary M. "E-Chaplaincy – Asking Some Questions." *Journal of Pastoral Care & Counseling*. 2017, Vol. 71(1) 69–72.

Byrne, M.J. and Nuzum, D.R. "Pastoral Closeness in Physical Distancing: The Use of Technology in Pastoral Ministry during Covid-19" <https://doi.org/10.1558/hsc.41625> HSCC (online) ISSN 2051-5561

Desjardins Cate Michelle, Bovo, Anna, Cagna, Mario. "Scared but Powerful: Healthcare Chaplains' Emotional Responses and Self-Care Modes during the SARS-Cov-19 Pandemic." March 17, 2021 <https://doi.org/10.1177/1542305021993761>

Hamman, Jaco J. "The Cultivation of Technological Intelligence." *Journal of Pastoral Care & Counseling*, 2020, Vol. 74 (1) 70-72.

van Nooten, Johan, Oh, Hans, Koning, Frederic J., Pierce, Bruce, & Jadad, Alejandro R. "Spiritual Care as eHealth: A Systematic Review." *The Journal of Pastoral Care & Counseling*, 2006, Vol. 60 (4) 387-394



VISUAL MAP FOR VIRTUAL CARE

