



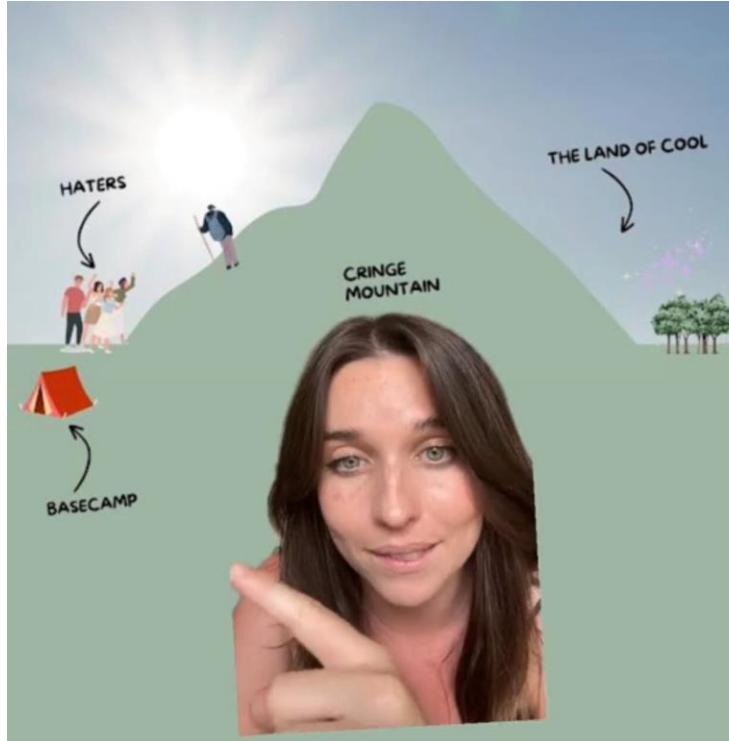
Longitudinal Virtual Spiritual Care

Joe Chapman

January 16, 2026



Cringe Mountain



Early Questions

- Length of stay was always set by admission: what is my LOS now?
- What does it mean to follow up with a patient in an ambulatory setting?
Does that mean the next day, next week, month, or more?
- The same patients kept being referred to me
- Was this counseling and not spiritual care?
- What are my interventions now? Are they the same?
- Most of my questions seemed to fall into three categories:
- **1. Cadence – 2. Disciplinary Anxiety – 3. Interventions**

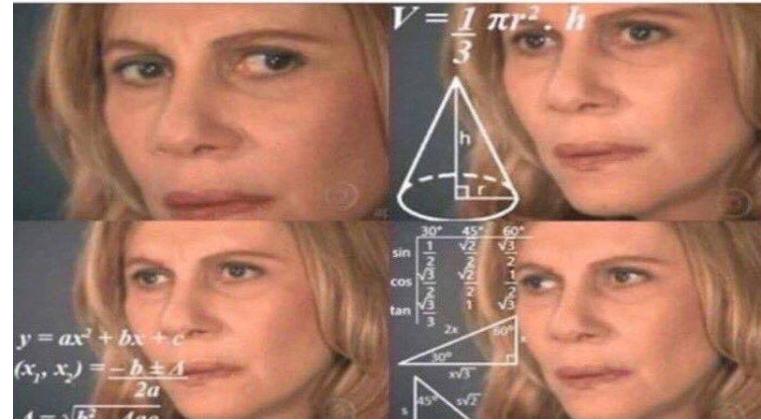
Cadence

- Cadence may sound like a boring topic, but it is very important in ambulatory care
- How often and how long you see a patient matters
- It is the *container* for a patient's story and distress
- How big of a container does this patient need? How big of a container can you offer?
- Your availability and stamina matter too
- For example, I used to offer 60 minutes, now I offer 45 minutes
- Some patients only need 5 minutes; some might need 20-30

Cadence Formula

$$fx \cdot (LOD + SFTC + WTDTW) = LOS$$

- fx = chaplain availability
- LOD = level of distress
- SFTC = suitability for therapeutic conversation
- WTDTW = willingness to do the work
- LOS = length of stay



Cadence Summary

- No one-size-fits-all
- Some patients needed and wanted 1x/week visits
- Some patients did better with biweekly or monthly
- Some had an initial and called back when they wanted to talk again
- Some just needed one visit
- Some could only handle 15 minutes; others needed an hour
- Some eased into 1x/week
- Remember: your availability and stamina dictate cadence, too. YOU are a part of the equation. Care is RELATIONAL.

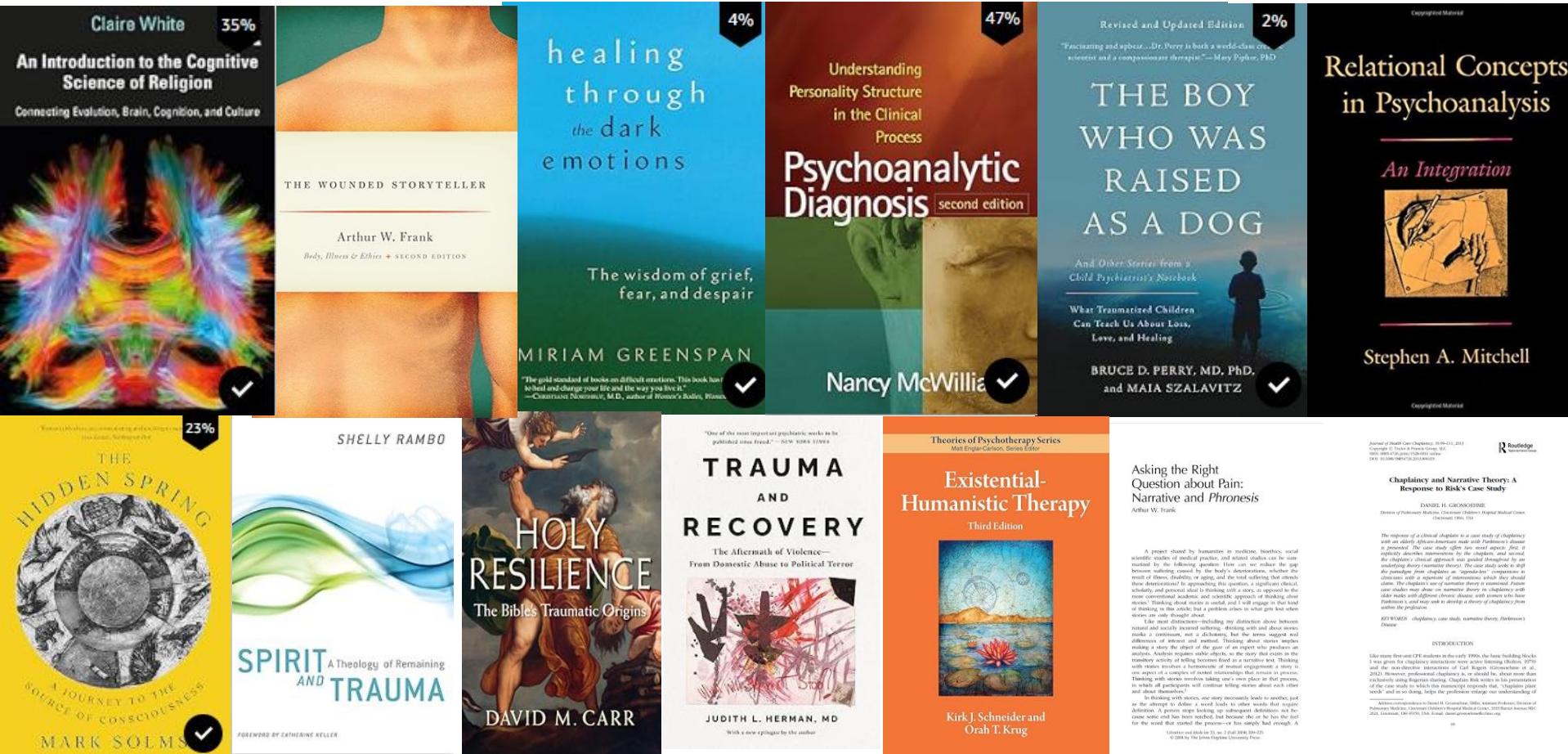


Disciplinary Anxiety

- So, now I'm seeing a lot of patients 1x/week for 45 minutes
- Um, is this therapy?
- Am I an unlicensed counselor?
- This is when I started experiencing *Disciplinary Anxiety on Cringe Mountain*



Disciplinary Anxiety Reading List

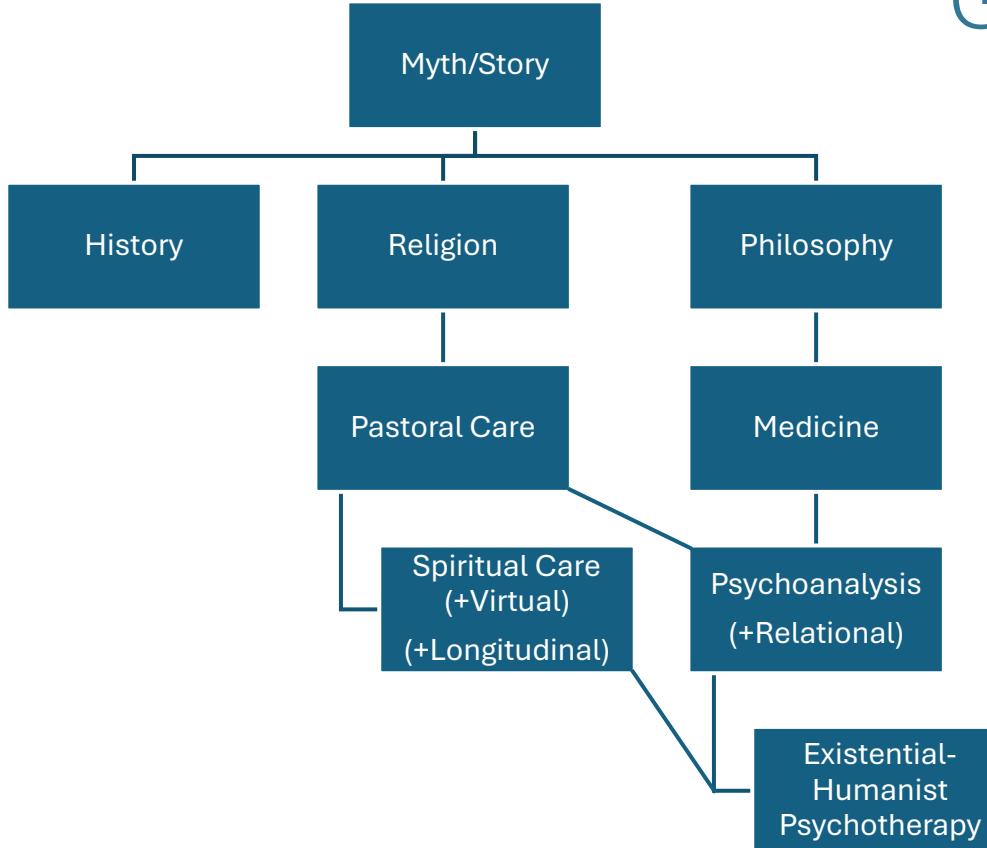


Disciplinary Anxiety

- Psychoanalysis is the shared ancestor of both spiritual care and behavioral health
- The frame can be used by spiritual care: all it requires is an outpatient setting, consistency, and sensitivity to the relationship
- Storytelling is a therapeutic *and* spiritual intervention
- Relational care is a therapeutic *and* spiritual intervention
- The dividing line is this: existential vs. pathological
- The therapeutic frame, storytelling, and relational care are powerful spiritual care interventions in the outpatient setting
- It's okay to use therapeutic tools! Behavioral health does not own them



Genealogy



Disciplinary Anxiety Cheat Sheet

YES (Spiritual/Existential)

- *the frame*
- *storytelling*
- *relational care*
- *co-created idea of “the good”*

NO (Psychiatric/Psychological)

- *diagnosis*
- *pathologizing*
- *prescribing*
- *directed goal-setting*



Interventions to Relationships

- Presence → The Frame
- Ritual → Storytelling
- Interventions → Relationships
- Relationships emerge through interventions in the inpatient setting
- You do not leave presence, ritual, and interventions behind in the outpatient setting; they are secondary
- Interventions happen in the context of relationships in longitudinal virtual spiritual care
- Think about a surgeon vs. a GP or PCP



Compare & Contrast

Outpatient Virtual

- “Chronic” — Longitudinal
- Various Methods (message, telephone, video)
- “Preventive” Care
- Flexible scheduling and cadence
- Relational
- Appointment-driven
- Narrative (“chronos”)

Inpatient

- “Acute” — Episodic
- In-person
- “Curative” Care
- Time-sensitive
- Interventionist
- Presence-driven
- In-the-moment (“kairos”)



Main Takeaways

- Experiment with cadence
- Address your disciplinary anxiety
- Experiment with different interventions: frame, storytelling, and relational care
- ***Think relationally first and interventionist second***
- ***Think like a GP or PCP not a surgeon***





THE FUTURE OF HEALTH CARE IS HERE.

