



CENTER for SPIRITUAL CARE & PASTORAL FORMATION

Clinical Specialist: Palliative/Hospice Care (CSPHC)

This certification level is for certified chaplains and spiritual care practitioners who are directly involved in providing hospice and/or palliative care. These certified individuals are in clinical, religious, and community settings such as hospitals, hospice and palliative care agencies, behavioral health, nursing homes, military, prison, commercial, social justice, masjid, synagogue, church and other settings. These certified individuals contribute to the biophysical, psycho-spiritual, and socio-relational healing of individuals and community.

These standards and competencies reflect CSCPF's commitment to interfaith and inter-spiritual ministry. We recognize we are living in a post-denominational age where conventional theological/denominational categories no longer represent patient and client needs.

When Cicely Saunders introduced the concept of hospice, she recognized that dying is not a medical event. Rather, dying is a profoundly human experience nested within a wondrous, complex and at times mysterious web of personal and social relationships. To this end, hospice and, more recently, palliative care ministry always takes place in the context of deeply personal and intricate social communities.

CSCPF recognizes that the individuals we certify as chaplains and spiritual counselors must possess the knowledge, wisdom, skill and maturity to gracefully and artfully navigate the subtleties of the biological, psychological, social and spiritual dynamics integral to preparation for and sojourning through the final passages of human living. CSCPF chaplains and spiritual counselors must have a professional psychodynamic clinical acumen that lends insight and compassion to their ministry. Additionally, CSCPF requires that our certified professionals have a comprehensive agility with interfaith and "spiritual, not religious" (SNR) beliefs and demonstrate an ability to provide relevant and meaningful spiritual care in our diverse, multi-faith, inter-spiritual and secular society.

Ultimately, CSCPF believes the fundamental skill required for Clinical Specialist: Palliative/Hospice Care chaplains and spiritual counselors is the authentic ability to meet and dwell with each patient in our shared common humanity: sorrow, joy, loss, uncertainty, regret, despair and meaning. It is through the spiritual counselor's willingness to wholeheartedly be a companion with each patient's experience that a sacred trust is established allowing transformational ministry to occur.

Certification Standards Common to All CSCPF Categories

There are certification standards that apply to all categories of CSCPF certification, and standards that are unique to each specific category. Some of the requirements are objective and other requirements are a matter of subjective judgment regarding a candidate's level of functioning. In general, it should be clearly understood that:

- The certification process always emphasizes a candidate's ability to demonstrate the kind of profound personal and professional competence essential for clinical work in interpersonal relationships.
- The completion of formal requirements is always seen in relation to such a demonstrated ability to function.



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- Certification is always a matter of judgment of one's professional peers who are delegated representatives of CSCPF.

Certification Requirements Common to All CSCPF Categories

To seek certification in CSCPF for any category, candidates shall demonstrate the following:

- Education consistent with the category of certification being sought,
- Clinical Pastoral Education and experience consistent with the category of certification being sought,
- Endorsement or ordination from the candidate's faith group for the certification being sought only when such endorsement is required by the candidate's faith tradition to serve as a Chaplain.

Processes Common to All Clinical Specialists

We recognize that the Practitioner Community is responsible for shepherding the candidate through the certification process. To become a board certified Clinical Specialist, the candidate must pass evaluation by a Certification Review Board consisting of three Certification Review Board members, plus a Commissioned Review Liaison, all certified at the same level as requested by the candidate.

The Certification Review Board members may be chosen from the list of certified Clinical Specialists in the category requested and do not have to be members of the candidate's Practitioner Community.

All Clinical Specialist applications will be reviewed on a case-by-case basis. We recognize there may be many paths to becoming a Clinical Specialist.

All Clinical Specialist applications must include an integration paper addressing the candidate's competence in each of the standards (including clinical examples) and demonstrates a mature level of self-awareness, honest and balanced self-reflection, as well as an integrative understanding of one's own psychodynamic and spiritual development. The candidate must also submit a bibliography of readings specific to the candidate's Clinical Specialist Certificate that supports the greater depth of understanding of specialized spiritual care.

Specific Requirements for Clinical Specialist: Palliative/Hospice Care

The essential requirements to receive certification as a Clinical Specialist: Palliative/Hospice Care include:

- The candidate must currently be a CSCPF Board Certified Clinical Chaplain or a Board Certified Pastoral Counselor in good standing.
- The candidate must have completed a minimum of 400 additional hours of work and specialty training/mentoring as a Chaplain or Pastoral Counselor in the Clinical Specialty of Hospice and/or Palliative Care, and can meet the standards and competencies as listed in the Standards below. This requirement may be met in one the following ways:
 - Path 1: Completion of an additional accredited formal unit of CPE or Fellowship in a hospice



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or palliative care setting, including a minimum of 40 hours of Palliative Care/Hospice interdisciplinary team case conferences

The candidate must provide an evaluation(s) from their Supervisor and submit a self-evaluation.

- **Path 2:** Completion of Clinical Specialty training in the context of a mentoring/case conference/group process model, consisting of a minimum of 400 hours of work as a Clinical Chaplain or Pastoral Counselor within a hospice or palliative care team under mentoring of one or more Clinical Chaplains or Pastoral Counselors preferably certified in the specialty of palliative and hospice care, including a minimum of 40 hours of Palliative Care/Hospice interdisciplinary team case conferences, or
- **Path 3:** Meet the **CSCPF Equivalency Requirements for Clinical Specialist: Palliative/Hospice Care** for those who have done significant* work, training and/or coursework in a hospice and/or palliative care setting.

**"Significant" means a minimum of 400 hours of work as a Clinical Chaplain or Pastoral Counselor within a hospice or palliative care team under mentoring of one or more supervisory Chaplains or Pastoral Counselors preferably certified in the clinical specialty of hospice and palliative care, including a minimum of 40 hours of Palliative Care/Hospice interdisciplinary team case conferences.

- **Path 4: Interim Exception Policy:** Candidates who have received a similar certification from another cognate organization must apply in writing for an exemption and must submit appropriate documentation attesting to their prior certification to allow their existing credential to be recognized by CSCPF. This exemption period will end April 30, 2018. After that date, everyone will be required to follow the CSCPF certification process.

Clinical Specialist: Palliative and Hospice Care Standards of Practice

The applicant will demonstrate within the context of palliative and end of life care the ability to meet the following Standards:

Standard 1, Assessment: The Clinical Specialist: Palliative/Hospice Care (CSPHC) evaluates the patient's bio-psycho-social-spiritual needs, and gathers and evaluates relevant data pertinent to the patient's situation and/or bio-psycho-social-spiritual health.

The CSPHC incorporates a working knowledge of clinical, behavioral and spiritual disciplines in making the assessment within the provision of palliative and end of life care.

The CSPHC integrates spiritual care into the organization through appropriate measures, such as the use of spiritual assessment, history taking, assessment and documentation processes, as well as the implementation of policies and procedures.



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Standard 2, Delivery of Care: The Clinical Specialist: Palliative/Hospice Care develops and implements a plan of spiritual care to promote the patient's wellbeing and continuity of care.

The CSPHC addresses and documents spiritual/existential care needs, goals and concerns identified by patients, family members, the interdisciplinary care team or other spiritual care professionals in accordance with established protocols, during transitions of care, and/or in discharge plans.

The CSPHC functions in a manner with patients, their families and the interdisciplinary care team that honors the dignity of all persons and the relevance of the spiritual, religious and existential dimensions of care in palliative and end of life care.

Standard 3, Recording of Information/Documentation of Care: The Clinical Specialist: Palliative/Hospice Care, as member of the interdisciplinary team, assesses and records information pertinent to the patient's medical record that is relevant to the patient's medical, psycho-social and spiritual/religious goals of care.

Standard 4, Teamwork and Collaboration: Recognizing that a team-based approach is an essential component of hospice, palliative and end of life care, the Clinical Specialist: Palliative/Hospice Care endeavors to become a fully integrated member of the interdisciplinary team by modeling appropriate pastoral leadership and articulating the unique professional role of the Clinical Specialist Chaplain.

The CSPHC facilitates discussions with the interdisciplinary care team as well as the patient/families, regarding the aspects of suffering, loss, pain and bereavement as they relate to the practice of palliative and end of life care.

To achieve and sustain their membership within an interdisciplinary care team, the CSPHC can advocate for, educate and inform the interdisciplinary team (IDT) regarding the role of the Clinical Specialist Chaplain within the IDT and for the patient/family within the context of palliative and end of life care.

The CSPHC acts as a model and mentor for the interdisciplinary care team in respecting, exploring and communicating with patients and families regarding their beliefs and practices.

The CSPHC acts as a resource for educational programs for the interdisciplinary care team that facilitate a greater understanding of their individual and team role in addressing spiritual and existential issues frequently confronted by patients with life-threatening or serious illnesses and their families, including spiritual pain and distress.

Standard 5, Ethical Practice: The Clinical Specialist: Palliative/Hospice Care will adhere to the CSCPF Code of Ethics, which guides decision-making and professional behavior.

The CSPHC demonstrates both foundational and specialized knowledge on the ethical issues that arise in hospice, palliative and end of life care.

The CSPHC facilitates ethical decision-making with patients and families of diverse populations.



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Standard 6, Confidentiality: The Clinical Specialist: Palliative/Hospice Care respects and upholds the confidentiality of information from all sources, including the patient/family members, medical record, interdisciplinary team members, larger health care team and local faith community members, in accordance with federal and state laws, regulations, and rules.

Standard 7, Respect for Diversity: The Clinical Specialist: Palliative/Hospice Care models and collaborates with the organization and its interdisciplinary team in respecting and providing cultural sensitivity and psycho-social-spiritually competent patient- and family-centered care.

The CSPHC respects the spirituality and beliefs of all members of interdisciplinary care team and contributes to the creation of a healing environment.

The CSPHC is sensitive to cultural and religious diversity, and supports patients and families in their desires to display and use their own spiritual/religious and/or cultural symbols.

The CSPHC facilitates the patient's access to clergy, religious, spiritual and culturally-based leaders, and/or healers in accordance with the patient's own religious, spiritual, or cultural traditions and beliefs.

The CSPHC provides examples within the patient's ability to explore, document and communicate spiritual and existential concerns including, but not limited to life review, assessment of hopes, values, and fears, meaning, purpose, beliefs about afterlife, spiritual or religious practices, cultural norms, beliefs that influence understanding of illness, coping, guilt, forgiveness, and life completion tasks.

Standard 8, Care for the Patient & the Family: The Clinical Specialist: Palliative/Hospice Care enfold the basic care and counseling skills of a Clinical Chaplain including listening, empathy, reflection, analysis of problems, conflict resolution, spiritual/religious/philosophical reflection and the demonstration of a critical eye so as to examine and evaluate human behavior and religious symbols for their meaning and significance into the specialty practice of hospice, palliative and end of life spiritual care.

The CSPHC demonstrates an understanding of the dynamics of group behavior and the variety of group experiences, and utilizes support, confrontation and clarification of group dynamics for the integration of personal attributes and pastoral functioning specific to palliative care and end of life care.

The CSPHC incorporates a working knowledge of the behavioral sciences as well as unique aspects of group processes, family dynamics, organizational behavior, bereavement, grief and loss specific to palliative care and end of life care.

- The CSPHC advocates for the physical, psychosocial, spiritual and cultural needs of patients and families related to their goals of care.
- The CSPHC mentors and models the inclusion of the patient and family's spiritual beliefs and values in Advance Care Planning, plans of care and goals of care conversations, patient/family conferences, support groups and bereavement support.
- The CSPHC leads and facilitates rituals for patients, families, community and all levels of the organization including bedside staff.



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- The CSPHC facilitates the religious, spiritual and cultural rituals/practices desired by patients and their families around the time of death or as requested by the family.

Standard 9, Care for Staff: The Clinical Specialist: Palliative/Hospice Care provides timely and sensitive spiritual care to the organization's staff via individual and group interactions.

The CSPHC facilitates spiritual reflection and practices within the interdisciplinary care team and within the organization.

The CSPHC provides opportunities to engage the interdisciplinary care team and other staff in self-care and self-reflection of their beliefs and values as they work with seriously ill and dying patients.

Standard 10, Care for the Organization: The Clinical Specialist: Palliative/Hospice Care provides spiritual care to the organization in ways consonant with the organization's values and mission statement.

Standard 11, Clinical Specialist: Palliative/Hospice Care as Leader: The Clinical Specialist: Palliative/Hospice Care provides leadership in the professional practice setting, the profession and can:

- Identify one's professional strengths and limitations within the interdisciplinary care team.
- Articulate how emotions, values and assumptions affect caring relationships.
- Understand and respect personal and professional boundaries.
- Model non-judgmental behavior and communication.
- Model the ability to maintain personal integrity while addressing the moral, ethical and existential challenges that confront patients, families and caregivers.
- Model healthy self-awareness, self-care and self-reflection both personally and professionally.
- Lead, teach and assist the interdisciplinary care team in integrating spiritual screenings, histories and assessments into their professional scope of practice to identify and relieve spiritual and existential suffering.
- Foster and enhance inter-professional and team relationships within all levels of the organization.
- Articulate one's own spirituality, in a way that respects patients, families and members of the interdisciplinary care team.

Standard 12, The Clinical Specialist: Palliative/Hospice Care and Continuous Quality Improvement: The Clinical Specialist: Palliative/Hospice Care seeks and creates opportunities to enhance the quality of palliative and/or hospice chaplaincy practice by:

- Participating in palliative care-focused improvement projects.
- Integrating the history, philosophy, current research and goals of palliative and end of life care into practice.
- Utilizing a working knowledge of the key physical, psychological and social issues/principles to effectively communicate with other palliative care/hospice team members.



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Standard 13, The Clinical Specialist: Palliative/Hospice Care and Research: The Clinical Specialist: Palliative/Hospice Care participates in evidence-based, research-informed best practices, including ongoing evaluation of new practices, and, when appropriate, contributes to or conducts research in chaplaincy/spiritual care.

Clinical Specialist: Palliative/Hospice Care Competencies

The candidate will demonstrate within the context of hospice, palliative and end of life spiritual care the ability to:

- Demonstrate an understanding of the core psycho-spiritual developmental tasks present in the preparation for death and the dying process.
- Demonstrate ability to intimately provide care to individuals in conditions of altered cognition and mentation such as non-responsiveness, subtle states of transition, existential anxiety, acute physical pain, psychological and/or spiritual suffering.
- Demonstrate effective use of spiritual care interventions such as art, music, poetry, mantra, guided meditation/visualization, intentional breathing etc.
- Demonstrate the ability to articulate their relationship with his/her own dying and death.
- Demonstrate knowledge and skill in addressing ethical issues that arise in palliative and end of life care.
- Demonstrate an understanding of when to seek help to avoid being overwhelmed, enmeshed or otherwise ineffective.
- Demonstrate a working knowledge of the palliative care/hospice team model and the scope of practice of the interdisciplinary care team members and refer effectively to each.
- Demonstrate a working knowledge of how patients and families function as a system and how group relationships impact the practice of palliative and end of life care.
- Demonstrate working knowledge of community resources, such as hospice and home care, as well as grief and bereavement services and be an advocate/resource for palliative care in the community.
- Demonstrates understanding of the nature, scope, and process of care delivery of the specialty of hospice and palliative care.
- Demonstrates an understanding of the process for identifying patients for whom hospice and palliative care is appropriate.
- Demonstrates an understanding of rights and responsibilities of the hospice and palliative care patient and family.



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- Demonstrates an understanding of and participates in the team process for involving patients and family in decision-making, including exploring treatment options, end of life decisions, completing advance directives, and the role of surrogate decision-makers.
- Demonstrates the ability to facilitate communication between members of the care team and the patient/family, especially during patient/family conferences.
- Demonstrates understanding of and the ability to assess the patient's and family's values and beliefs, and religious, spiritual, and cultural practices, along with the ability to incorporate these into the care plan.
- Demonstrates an understanding of and participates in the interdisciplinary care team, including ongoing evaluation of the care plan, integration of pastoral care into it, along with adapting the care plan to the changes in the spiritual, cultural, pastoral, and religious needs of the patient and family.
- Demonstrates the ability to facilitate the participation of the patient's and family's faith group(s) in accordance to the patient and family's directive.
- Demonstrates the understanding of and the ability to facilitate the bereavement support and follow-up process, along with the knowledge of appropriate referral resources.
- Demonstrates a basic, minimum understanding of the dying process, along with symptom and pain management goals and methods.
- Demonstrates an understanding of the psychological, social, and emotional aspects of the disease process, the dying process, and the process of coping with pain, along with the ability to integrate these concepts into the plan of care as it relates to providing pastoral care.
- Demonstrates an understanding of information keeping procedures including privacy and security of health information, completeness and accuracy of record keeping, and continuity of information across the palliative care or hospice team.