



THE CHAPLAINCY

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THE CHAPLAINCY

For most people who identify with a religion, it is customary to attend religious services. Attending services at temple, church or other religious structures is often a very important part of their religious practice. Sometimes, however, members of a religion may not be able to attend services in their normal place of worship. It is during these times that they may have to rely on the services of a Chaplain.

SERVICES OF A CHAPLIN

The services of a Chaplin are usually needed by those who are

- Incarcerated
- Homebound
- Hospitalized
- In Hospice or Palliative Care
- In Nursing Homes
- Social Justices

A Chaplain offers spiritual care to individuals outside of a church context. As a Volunteer Chaplain, you will be expected to minister to those who have different religious, spiritual and cultural backgrounds. As a chaplain, your main tasks will involve listening, comforting and praying with people who need spiritual support in difficult situations. Remember, **LISTEN, COMFORT, PRAY and SUPPORT.**

As a Chaplain you must be all things to all people without compromising your own faith, at the same time respecting the faith of others. Being a Chaplain is not being a pastor or priest or some religious leader, but a servant to all people regardless of what your faith maybe. A chaplain must have the heart of a volunteer.

THE WORK OF THE CHAPLAINCY

The work of the Chaplaincy differs from that of the Pastorate. Pastors care for the spiritual needs of the congregation whereas Chaplains must care for the needs of the secular world as well. Chaplains offer a service of spiritual care to individuals from all walks of life. In order to be effective in the Chaplaincy, one must have the:

- ✓ Ability to build a rapport with others through effective listening skills
- ✓ Ability to communicate effectively
- ✓ Ability to work as a team member with staff
- ✓ Willingness to work with and meet the spiritual needs of people of all religious faiths, ages, genders, sexual orientations, cultures and races.
- ✓ Ability to deal with stress and crisis

It is out of the integrity of their personal spirituality that Chaplains are sensitive to and supportive of the diverse spiritual and religious needs of the people they serve. As a Volunteer Chaplain, your services may also be requested by staff members. Increasingly, staff members have been turning to Chaplains for advice, support and a pastoral relationship. Many people view Chaplains as friends who have the time to listen in absolute confidence. Chaplains are considered unique among the professional staff because their services primarily focus on religion and spirituality.

FACTS ABOUT CHAPLAINS

Chaplains are representatives of their faith communities, which require them to live out the commitment of those communities to the wider world. They must therefore be learned in the ways of the faith group and be knowledgeable about the basis for its decisions and guidance. In this role Chaplains are accountable to the faith group for embodying its ethics and teachings appropriately.

Chaplains have to deal with some of the most difficult human experiences that result from illness and injury. They are often uniquely placed to relate to people in these circumstances, to discern their needs, and to provide forms of pastoral care.

Chaplains also nurture well-being, foster hope and support people through the transitional periods of life.

One important aspect of the Chaplain's role is in the ability to represent both the spiritual and the religious embodiment of faith for other people. Such an embodiment leads the observer to project on the Chaplain their views and expectations. They may be simple or complex, confused or clear, placid or angry. Without compromising their integrity, Chaplains expected to express the spiritual needs of the individual in a meaningful and relevant way.

The spiritual dimension of life expresses purpose and meaning. The spiritual dimension evokes feelings which demonstrate love, faith, hope, trust, awe and inspirations; therein providing meaning and a reason for existence. It comes into focus particularly when an individual faces stress, illness or death. Chaplains must be spiritually sensitive to the needs of those they service.

However, it is a mistake to think that people only talk of religious matters to Chaplains and equally a mistake to think that these are the only matters that Chaplains are interested in or concerned about. Chaplains are concerned in all aspects of life and care of the individuals they service.

THE ART OF COMMUNICATION

Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs or behavior.

RULES OF COMMUNICATION

- ✓ Learn to Listen
- ✓ Be open and honest
- ✓ Be tactful, considerate, and courteous
- ✓ Be clear and specific
- ✓ Be realistic and reasonable
- ✓ Be polite and courteous
- ✓ Be patient and understanding
- ✓ Speak softly
- ✓ Be consistent and sincere
- ✓ Be friendly and smile
- ✓ Do not preach or lecture
- ✓ Do not excuse or fall for excuses
- ✓ Recognize that each event can be seen from different points of view
- ✓ Do not allow discussion to turn into destructive arguments
- ✓ Let effectiveness, not intention, be the goal of your communications
- ✓ Accept all feelings and try to be understanding of them
- ✓ Know when to use humor and when to be serious

Following the *RULES OF COMMUNICATION* ensures the building of positive rapport. Positive rapport is marked by harmony, conformity, accord or affinity in a relationship. The key to building rapport is communication. Communication begins with good listening skills.

THE POWER OF GOOD LISTENING SKILLS

The power of good listening skills should never be underestimated. Good listening skills help Chaplains to provide excellent service. When a person listens properly, it assures the speaker that their issues are important to the listener. Good listening skills however are not natural for human beings. Our brain was made to multitask and is easily distracted. Therefore, in order to be a good listener, discipline is needed because there is a big difference between **Hearing** and **Listening**.

The words we speak are very powerful and true listening is a manifestation of love.

Question:

When a person responds to your words by saying "I hear you," do you sometimes wonder if they were truly listening to you? Perhaps you find your mind wandering off when someone is sharing her thoughts with you. You may have heard the words being spoken, but were you really listening to their meaning? Hearing and listening have quite different meanings. Hearing is a passive occurrence that requires no effort. Listening, on the other hand, is a conscious choice that demands your attention and concentration.

Read more: <http://www.livestrong.com/article/83661-difference-between-hearing-listening/#ixzz1sLDzUUTN>

EXPLORING VARIOUS LEVELS OF LISTENING

LISTENING IN SPURTS

Listening in spurts is the type of listening where the “listener” is “tuning in and out,” only hearing bits and pieces of what is being said.

QUIET/PASSIVE LISTENING

Quiet/Passive listening does not present a great deal of body language from the listener. Typical of this type of “listener” is that, though his or her head is nodding, no real listening is taking place and oftentimes their eyes are glazed over. This “listener” is drifting off and distracted.

ACTIVE LISTENING

Active listening requires the observation of body language, and evaluation of the underlying feelings beneath what is being said. This listener is not just hearing the words, but listening to the context, the subtext of what is being said, as well as reading emotions. The goal of listening is to let the person speaking express what they need to express. Active listening is the beginning of the helping process.

IMPAIRMENTS TO LISTENING

- × Fatigue
- × Hunger
- × Dehydration
- × Illness
- × Cell Phones
- × Texting

PRISON AND JAIL MINISTRY

Prison Ministry has a direct Scriptural Mandate (Matthew 25:31-40). Throughout the Bible are examples, descriptions and commandments about prisons, prisoners, bondage, captivity, and slavery. The Bible mentions prison, prisoners, or imprisonment more than 130 times. We should follow the example Christ set by ministering to prisoners. Prisoners meet the criteria of any mission field: Lost people and a need for laborers.

Chaplains on staff at a prison cannot minister to more than a small percentage of inmates in their care. They cannot do all of the necessary work themselves, as there is just not enough time to do so. For every person incarcerated, there are three to five other people affected: mates, children, parents, etc. Inmate and their families represent a large segment of society in any culture. As a Volunteer Chaplain, you may have to service those affected by the incarceration as well as the person who is incarcerated.

SPIRITUAL GOALS OF JAIL AND PRISON MINISTRY

The spiritual goals of jail and prison ministry may include one or more of the following:

- ✓ To share the unconditional love of God
- ✓ To disciple new believers in the word and teach them how to study the Holy Scriptures
- ✓ To demonstrate the Power of Prayer and teach them how to pray
- ✓ To lead inmates to experience the life-changing power of God that will free them from guilt, shame, negative emotions and addictions
- ✓ To minister to inmates' families if feasible or practical

SOCIAL GOALS OF JAIL AND PRISON MINISTRY

- ✓ To help inmates function more positively within the prison environment
- ✓ To provide a bridge between the community and individuals confined in correctional facilities
- ✓ To prepare residents for reentry into society (physically, mentally, morally and spiritually)
- ✓ To assist inmates' families in practical ways
- ✓ To provide post-prison assistance in practical ways

WHAT IS YOUR ROLE?

There are millions of active believers worldwide, but only a small number are involved in ministry to prisoners despite the fact that jails and prisons are found in almost every community. The scriptural mandate by both teaching and example is clear; this is not to say that you are called to go into the prison. As in any missions, everyone is not called to go into a foreign field to share the Gospel. But as in missions, every believer should be involved in prison ministry in some capacity.

It is important for you, as a Volunteer Chaplain, to have some understanding of Jail and Prison Chaplains. Prison Chaplains work long hours under difficult conditions. Each day Chaplains on staff must deal with many responsibilities such as the personal crises of inmates, providing programs to meet the spiritual needs of inmates, and fighting the frustrations and disappointments which are an integral part of Prison Chaplaincy.

Prison Chaplains must also be acceptable to the warden of the prison in which they is to work. The Prison Chaplain functions as the administrator of a religious program for the entire institution. The Staff Chaplain for the institution provides traditional teaching, oversees religious education programs; spends much time in personal counseling; and recruits, trains and supervises Volunteer Chaplains. They also perform various administrative activities such as managing correspondence, conducting meetings and completing reports.

It is important for the Volunteer Chaplain to maintain a good relationship with the Chaplain on staff. It is a grave breach of trust to use your access to the prison to undermine the Chaplains' reputation or to discredit his program. If there is a problem, always talk to the Chaplain first.

WAYS TO BE INVOLVED

- ✓ Provide prayer and support for prison ministries
- ✓ Visit inmates
- ✓ Write to a prisoner (never use your personal address, use a P.O. Box)
- ✓ Assist families of inmates, where feasible or practical
- ✓ Conduct worship services, Bible studies, or group meetings inside prisons under the supervision of the Staff Chaplain or prison administration
- ✓ Provide Scripture and literature for inmates
- ✓ Serve as a Volunteer Chaplain (without crossing lines into staff roles)
- ✓ Substitute for Staff Chaplains when they are ill or on vacation

CONDUCT A DEMOGRAPHIC ANALYSIS

Here are questions to answer in conducting your demographic analysis:

- ✓ What jails and prisons are in your immediate area?
- ✓ Is there a local ministerial association? What are they doing, if anything? Are they interested in jail or prison ministry? (If they already have a program and have gained access to local institutions, perhaps you can be a part of it).
- ✓ Who is in charge of the volunteers at the institution?
- ✓ How do you get clearance for ministry inside the institution? (Contact them and find out.)

- ✓ Are there forms you need to fill out?
- ✓ Does the institution have special training requirements?
- ✓ What identification must you have for clearance?
- ✓ What needs exist in their institution?

Familiarize yourself with all of the rehabilitation programs offered in the local institution where you wish to serve, as well as the population breakdown (race, religion, ages, sex, etc.) and, if possible, the philosophy of the respective administration. Gain as much knowledge as you can about the institution before requesting permission to provide services and/or programs. If you know administrators, officers, or former inmates, talk to them about the needs and conditions.

QUALIFICATIONS AND PREPARATION

Those who minister to inmates must be sure of their relationship with God, set proper examples, and always be ready to give an answer for the hope within them. While a person called to this ministry should demonstrate all of the spiritual virtues taught in the Word, this lesson emphasizes the spiritual qualifications a Volunteer Chaplain should possess.

SPIRITUAL QUALIFICATIONS

COURAGE

Entering a jail or prison to minister, whether on a one-on-one or group basis is outside of the “comfort zone” for most believers. It is not unusual to feel uneasy the first few times you are in a penal facility but remember, God will take care of you whenever you are in His service. In most cases, the Prison Chaplain is a safe place and the inmates are open and friendly. If you feel apprehensive, remember that God does not give a spirit of fear. Recognize where fear comes from and conquer it in the name of God!

COOPERATION

There are many different persons in prisons society: inmates, correction officers, nurses, doctors, social workers, teachers, captains, wardens and Chaplains, and we must not forget about the inmates’ families. Most people we meet will probably treat us with courtesy and respect. Be sure to be courteous when speaking, shake hands when appropriate, and use names when reasonably possible. A good Volunteer Chaplain knows how to cooperate with other administration, volunteers, and Staff Chaplain, if the jail or prison has one.

GENUINENESS

Be real! Inmates are adept at identifying phonies. We should not visit the prison with an improper motive like seeking a spouse or showing off our abilities. Prisoners are extremely perceptive. They can quickly spot the person who joined the team out of curiosity. Those with selfish motives and “holier than thou” attitudes have no place in this ministry.

HUMILITY

Maintain a humble spirit. Remember, you are there to serve. Always be in subjection to those in authority (the Staff Chaplain, guards, and wardens).

FORGIVING

Foster a forgiving spirit. Recognize that, but for the grace of God, you could be in a similar situation. Realize that God's forgiveness extends to inmates.

PERSEVERANCE

Society, friends, and family have given up on many inmates. They don't need someone else to reject them. Be patient. Volunteers who start and quit demoralize the inmates, disappoint the Chaplains and give a bad image to the efforts of the church.

FAITHFULNESS

Be faithful, constant, and trustworthy on the performance of your duties, especially in keeping promises and being on time for appointments or service. The Prison Chaplain depends on you, as do the inmates. A visit that may just be another in a long list of things you have to do can be the highlight of an inmates' week. Don't disappoint them. Be faithful to this great privilege God has entrusted to you. Commitment to be consistent and dependable is a top ranking quality valued by Staff Chaplains who work with Volunteer Chaplains.

EMPATHY

Empathy is the ability to feel with people as though you were in their place. In the Old Testament, the Prophet Ezekiel sat with the captives by the River Chebar before he shared God's message to them. They were ready to listen, because they knew he understood. He had "sat where they sat." (Ezekiel 1:1).

SENSE OF MISSION

A sense of mission is a desire and determination to give this work priority at designated time for prison ministry; a belief that this is what you would rather be doing than anything else in the world during the time set aside for this work!

SPIRITUAL GROWTH

You must not only lead inmates to new spiritual growth, but likewise you must be willing and anxious to grow. Spiritual growth is a lifelong process. If you ever feel that you have “arrived” in either knowledge or virtue, you are simply showing how immature you really are.

EMOTIONAL MATURITY

With each day comes different feelings, trials and tribulations but it is important that we handle our emotions and exhibit the fruit of the Spirit (Galatians 5:22-23), even when we do not feel that we are at our best.

LOVE

Study I Corinthians 13. The greatest motivating force behind any ministry, and especially prison ministry, is love. Your love for God, an unconditional love for the inmates and a love for the mission to which God has called you are very important.

PREPARATION

There are four vital areas of preparation for those who desire to be effective Volunteer Prison Chaplains.

PRAYER PREPARES US

As in every ministry, effective prison ministry is fueled by prayer. Here are specific prayer targets:

- ✓ The Chaplains of the institution.
- ✓ Individual inmates.
- ✓ Families of inmates.
- ✓ The warden and administrative staff.
- ✓ Correction Officers.
- ✓ Safety for prison volunteers entering the institution.
- ✓ For parolees' spiritual and practical needs (jobs, housing, etc.).
- ✓ Revelation knowledge to meet the needs of inmates.
- ✓ Many prison chapels have a prayer request box. Inmates write out their requests and put them in the box for the Staff Chaplain and Volunteer Chaplain to pray for their concerns.

STUDY OF THE WORD PREPARES US

The Volunteer Prison Chaplain should have good working knowledge of the Bible and basic Christianity. Most inmates are not interested in the finer points of theology, but they do need a clear, understandable presentation to help them learn to study and understand it? To be an effective Staff or Volunteer Chaplain, you must continually study God's Word.

READINESS PREPARES US

Prepare for your specific responsibility in ministry. For example, if you are to sing, have your soundtrack cued and ready. If you are to teach, spend adequate time preparing your lesson. If you are using video or audio equipment or using an overhead projector, have these items ready.

KNOWLEDGE OF A SPECIFIC INSTITUTION PREPARES US

There are five steps to prepare for the specific institutional setting you will enter:

- ✓ Know the rules for dress and conduct of the specific institution. These vary from institution to institution.
- ✓ Know the chain of command to which you are responsible as a Volunteer Chaplain.
- ✓ Know what you are allowed to take into the institution with you.
- ✓ Get a general understanding of the ways ministry can be carried out within that system.
- ✓ Attend training and orientation classes offered by the institution or Staff Chaplain.

RELATING TO INMATES

GUIDELINES FOR RELATING TO INMATES

1. Inmates have had a great deal of frustration in their lives.

Many have experienced repeated failure and are suspicious of any offer of assistance or guidance. Working with inmates cannot be reduced to standard methods. Much will be left to your good judgment.

2. Don't establish a facade or create special status for yourself.

Express yourself genuinely. Let the inmates know you are there out of genuine concern. As a Volunteer Chaplain you will be checked out and tested to see if you are real. Inmates will see who you are before they listen to what you say. They don't care how much you know until they know how much you care. Be honest. Inmates are very sensitive to hypocrisy and phony.

3. Learn as much of the prison related language as possible.

But be careful in using it. There may be subtle meanings of which you are unaware.

4. Learn to share your faith message in a clear and simple way.

Big words such as "propitiation" and "atonement" don't mean much to the average inmate.

5. Be sensitive during crisis periods.

This includes immediately following arrest, the first few weeks in prison, prior to and right after trial, when appeals are denied, and just prior to release. Holidays are also difficult periods.

6. Mean what you say.

Yes is yes and no is no. Be consistent and fair. Enforcing rules for some and relaxing them for others is inconsistent and unfair. It is also a form of overfamiliarity.

7. Be supportive, encouraging, friendly and firm.

Be honest, objective, and disapproving when it is warranted. Be friendly, but not overly familiar. Do not fraternize.

8. Respect is key.

You must respect the inmate's individuality and basic rights. Avoid prejudices and feelings of superiority. Respond to inmate's needs and interests, not your own. Once you have earned the respect and trust of the inmates, they will open up to you.

9. Never allow residents to manipulate you with overdramatized stories of being falsely accused, unjustly incarcerated, or inhumanely treated.

These tactics are often used to arouse sympathy. (If you think the stories are true, and in some cases they are, inform the inmate of your intention to share their story with the Chaplain on staff for handling.)

10. Inflammatory statements and careless remarks.

Never make inflammatory statements or careless remarks to staff or inmates about political groups, ethical groups, other religious groups, prison staff, other residents, or other prison ministry volunteers.

11. Innocent or guilty.

Never assume an inmate is innocent or guilty and do not give legal counsel or advice.

12. Personal details.

Never reveal personal details, if you are privy to them, about the lives of staff or other inmates.

13. Promises.

A good policy is to only make promises you know you can fulfill, and as few of them as possible. When refusing a request, explain why it is necessary to decline and express your regrets.

14. Avoid Familiarity.

One of the best ways to avoid familiarity in a group setting is to address each member of the ministry team, as well as the inmates, as “brother” or “sister” using first or last names.

15. Do not give out your home address or telephone number.

Some institutions make it expensive for residents to make calls, even locally and you are often expected to pay the cost.

16. Why The Resident Is In Prison.

Never inquire as to why residents are in prison. This could be embarrassing and you don't need to know why they are there to point them to hope. Some inmates want to tell you about their cases. If so, it is all right to listen, encourage and pray for them.

17. Overfamiliarity.

Guard against overfamiliarity, especially advances of sexual nature.

18. Transacting personal business for residents.

Never become involved in transacting personal business for residents.

19. Your demeanor.

Do not be shocked or surprised by anything prisoners might say or how they say it.

20. Witnessing.

Never deliberately try to persuade prisoners to change their religious preferences. You are there to share your faith. Let the word do any changing that is necessary.

21. Respect.

Earn respect for yourself. Make it clear that you will not be manipulated. If a situation arises that you consider “borderline,” check with prison officials to be sure of how it is to be handled.

22. Keep your composure.

An inmate overwhelmed with problems may confront you with hostility. At such times, do not force conversation upon him and don't respond in a hostile, sarcastic, or anxious manner. Keep your composure, ignore the hostility, or withdraw for a while. Chances are that the inmates will regain his composure. Always express unconditional love.

23. Don't over identify.

Don't take the inmates' problems upon yourself. They are not your problems.

24. Don't expect thanks.

You may not receive thanks or any show of gratitude from an inmate. He may feel it, but may not know how to express it. Your effort, however, will be appreciated and rewarded by God.

25. You must set limits.

Some inmates will push you until you say to stop. How hard and far they push will depend on what you allow. Don't compromise.

26. Don't panic.

If you find yourself alone with an inmate, don't panic.

27. Leave your personal problems at home.

Inmates have enough problems of their own. They don't need to be burdened with yours.

28. Expectations.

In a temperate and tolerant manner, always imply that you expect the correct attitude from inmates.

29. You must be a leader in the strongest sense of the word.

Never show the slightest uncertainty as to the course of your action but also know and adhere to the limits of your authority.

30. Your Conduct.

Never show that you have been angered by being profane, vulgar or abusive in any manner.

31. Express appreciation.

Be appreciative when behavior has been commendable, for example, “You guys were great tonight, so attentive!”

32. Letters of Recommendation.

If a prisoner requests a letter of recommendation to judges and other criminal justice authorities, inform them that you will pass the request on to the Staff Chaplain for evaluation and possible action.

33. Minister through personal counseling.

Counseling provides a friendly and supportive relationship for the one seeking answers or solutions to problems. This type of relationship can take place at the close of a worship service or Bible study session. Some prisoners may want to talk about what they heard or may have a problem to talk about. Most of the time, they are not actually seeking solutions. They just want someone to listen and possibly bring encouragement and support.

34. Confidential Information.

You may have access to information which is confidential. You are not to reveal this information and it is not to be used for your own advantage or benefit. You must be able to deal with individuals’ spiritual problems as if you know nothing about their crimes. Keep issues discussed in counseling confidential, unless they involve threats to someone’s safety, including the inmates themselves. In this case don’t tell them you are going to report it, but report it.

35. Be a good listener.

You don’t have to answer to everything, but let the prisoners know that God does! If you think they need formal counseling, encourage them to seek it through institutional channels. And don’t interrupt immediately if you think a statement is wrong. Listen!

36. Don't make decisions for the inmate under any circumstances.

Help them make their own decision. This encourages responsibility for their lives. It also prevents them from blaming you if things go wrong.

37. Don't judge.

The ideas and appearance of the inmates are not to be judge, nor are their vocabulary, or manner of speaking. View inmates as individuals. Don't make assumptions based upon generalities or stereotypes. Categorizing an inmate is unfair and dehumanizing.

38. Don't scold or interrogate.

Many inmates already have poor self-image so don't scold or interrogate them about their previous condition or what they may have done to be placed in prison. Many already have poor self-image.

39. Be patient.

The positive effects of your patience with the inmates may not have decisive influence for a while.

40. Don't be discouraged.

Above all remember, don't be discouraged. Do your best, pray and leave the results to God.

HOW TO AVOID BECOMING THE VICTIM OF A SET-UP

WHAT IS A SET-UP?

A “Setup” is a situation where you are forced into compromising your own beliefs, standards, or institutional rules. You are forced or tricked into a compromising situation, and then taken advantage of by an inmate to receive favors or contraband like drugs, alcohol, etc.

HOW DOES A SETUP OCCUR?

A Setup usually proceeds as follow:

OBSERVATION

Inmates first observe your ability or inability to function under stress, your level of tolerance, whether or not you adhere to rules, and how effectively you will take command in a difficult situation.

Quicksand is a patch of sand that looks like any other on the surface, but it is a dangerous patch of ground that can suck you under and cost your life. It is not as it appears on the surface. This is often true in relationship. People are not always as they seem to be on the surface. While not all inmates are steeped in criminal behavior, many of them are and because of that you must learn how to avoid setup in the instructional environment.

TESTING

Before any conclusions can be drawn, inmates test their assumption about you in minor ways. This may include such things as unauthorized requests for supplies and materials, asking for favors, circumventing rules, preying on sympathy, or attempting to encourage you in intimate conversation. If you yield in these “minor areas,” then you are a prime candidate for a setup.

THE SETUP

If you compromise minor rules or engage in ill-advised behavior, then an inmate can see an open door to set you up. They may threaten to tell administration about your compromising guidelines in the past or try to trick you into doing something else that would violate the rules of the institution. They use this as a lever to get what they want such as contraband, like drugs or alcohol, or other inappropriate favors.

AVOIDING A SETUP

MAINTAINING A PROFESSIONAL ATTITUDE

Professionalism is a word used to describe a specific attitude towards ministry in jails and prisons. Professionalism means that your standards and lifestyle should be better than the standards and life styles of the majority of people confined to prison. You are not being professional if you use inmate jargon or break institutional rules as some inmates do.

AVOID FAMILIARITY

We stress that **you can maintain professionalism while still being friendly**. Make a distinction between friendliness and familiarity. You are familiar if you allow the taking of license or liberties (enforcing rules for one person but flexing them for others for example). Engaging in inmate conversations or promising favors is unacceptable and will possibly cause you to be banned from the facility.

REFUSE TO VIOLATE RULES UNDER ANY CIRCUMSTANCE

A setup always involves a previous infraction of rules. Refuse to violate rules under any circumstance.

REPORT ANY SETUP ATTEMPTS IMMEDIATE

If you are approached in this manner or find yourself ensnared in a setup, immediately report it to the Staff Chaplain or administration.

CONTACT WITH INMATES

GUIDELINES FOR CORRESPONDING

Here are some guidelines to help you correspond effectively with inmates. Keep in mind as you write to prisoners that many of them feel suspicious, resentful and lonely.

Inmates are suspicious, because ...

They have been abused or taken advantage of in past relationships. They may question your motive for writing: “What are you getting out of doing this?” Work at developing mutual trust, respect and understanding.

Inmates are often resentful because ...

They have been rejected by society and, after all, you too are a member of society. Give inmates unconditional love and understanding.

If you so choose ...

You may write to an inmates but it is cautioned that you use a P.O. Box or your ministry’s address to recruit and respond to correspondence.

Make it clear from the beginning that ...

You are not looking for romantic involvement. It is easy for inmates to become infatuated, even if they have never seen you. Kindness can be misinterpreted. If this happens, you should correct the issue immediately by reporting the matter to the Staff Chaplain or administration.

It is suggested that you ...

Do not share anything about yourself, send any pictures, money or gifts to inmates.

Do not promise help with employment, housing, etc., after release from prison unless the ministry with which you are involved is adequately prepared to give it. Your purpose in writing is to be a source of encouragement in the Lord. Any request for social services should be channeled to proper prison release ministries; consult with Staff Chaplain.

VISITING WITH INMATES

Many inmates have no one to visit them because family and friends:

- live a great distance from where they are incarcerated;
- do not have necessary transportation / finances to visit;
- have rejected them; or
- do not exist.

Personal visits with inmates are one of the most rewarding areas of jail and prison ministry. This section explains its importance, details how to get involved, and offers guidelines for visiting individually with inmates.

VISITATION GUIDELINES

- ✓ Go through proper channels to be approved by the institution as a visitor. You may have to fill out certain forms, be pre-approved before your first visit, carry a specific type of identification, etc.
- ✓ Learn and abide by all visitation guidelines at the institution you are to visit. Rules may include days and hours of visitation, safety and dress codes, etc. They usually govern what can and cannot be taken into the institution with you. Many jails and prisons have their rules in writing. Ask for them in advance of your visit, if possible.
- ✓ It is best to visit one-on one with a person of your same sex. This avoids the pitfalls of improper romantic relationships.
- ✓ Normally, it is best not to give money to an inmate or their family. If you believe there is a legitimate need and you really believe God is directing you to do this, it is best to channel your help anonymously through the Staff Chaplain or administration.
- ✓ Don't preach or lecture. Ask god to show you how to share His love in a way that will be accepted.
- ✓ If the institution permits, you may give religious literature directly to inmates. If not, give the material to the Staff Chaplain to deliver.

- ✓ Except if you have had professional training in the area of counseling, **do not** assume this role in the relationship. Additionally, don't feel you have to answer to every issue that is raised.
- ✓ Prison is a very impersonal, dehumanizing place and an inmate doesn't have much opportunity to receive individual attention. Make your visit positive and uplifting.
- ✓ Always remember you are there as a representative of God but don't spend all your time on spiritual matters. Foster a balanced visit.

GROUP MEETINGS

There are many types of religious meetings that can be conducted in a prison. However, they must be approved and supervised by the Staff Chaplain and/or administration.

- ✓ Worship Services
- ✓ Bible Study
- ✓ Music Classes (train vocalists, musicians or a choir for prison worship service)
- ✓ Musical or dramatic presentations
- ✓ Religious writings
- ✓ Discipleship classes for new believers

CONDUCTING GROUP MEETINGS

Here are some guidelines for conducting group services in a jail or prison.

TIMING

Correctional institutions run on a strict schedule. All group meetings should begin and end on time.

MUSIC

Music for worship in prison should be encouraging and uplifting. Songs that could be misunderstood as condemning or as “put down” should not be used, e.g., “Rescuing the Perishing.” Neither should depressing music like “Nobody Knows the Trouble I’ve Seen.” If you are using overheads, sing books, or sound tracks, have these items ready. Always receive clearance from the Staff Chaplain before arranging musical activities which are different from that which your team normally does (special groups, cantatas, etc.)

PRAYER

- ✎ Keep prayer short and to the point unless God moves in a special way. A lengthy prayer could not only make the worship tedious but could be misunderstood by the prison as saying, “These people need long prayers.”
- ✎ No particular position or posture is important, but when there is a large crowd (50 or more), it would be advisable to leave the congregation seated or standing while offering prayer rather than calling them forward to kneel. **(This is for control purposes)**.relating to their families.
- ✎ Spend most of the time praying for the physical, social, mental and spiritual welfare of inmates, their concerns and those relating to their families. Pray also for institutional staff.
- ✎ It is okay to keep your eyes open a bit (or have a member of your team designated to keep their eyes open **(for control purposes)**).

SCRIPTURE READING

The person reading Scripture, is echoing the voice of God and setting the tone for the sermon or lesson. Have the text read with expression, reverence and impressiveness (see Nehemiah 8:8). Announce clearly, before beginning to read, where the Scripture is located; book, chapter and verse(s). Allow time for people to find the passage. Project your voice to those in the back of the room. Stand erect and speak clearly. Read God’s Word so impressively that the prisoners’ emotions will be stirred and their hearts turned heavenward.

TESTIMONIES

If you are asked to give a testimony, do not view this as your golden opportunity to preach.

THE ABC'S OF TESTIFYING

Keep your testimony God-centered and follow the ABC's of testifying:

A

Always tell what God has done for you and/or your family. Share things that are relevant to strengthening the faith of the prisoners. (Don't glamorize sin by telling explicit details.)

B

Be sure to keep it as short as possible, preferably 1-2 minutes. Don't try to tell it all. Remember that you are working with a timeframe. The more you talk, the less time the speaker will have to deliver the Word.

C

Check your volume. Speak clearly and loudly, especially if no microphone is available, so you are heard and understood by all.

PREACHING/TEACHING

Messages prepared for preaching/teaching in a prison should not exceed 30 minutes. Many inmates have limited attention span. You also want to leave enough time at the end of your message so that you can conclude it properly and have additional time with the residents. (Fellowship is important to them).

Make your message relevant to inmates. Adjust your presentation to what you know about your audience. Character building and encouraging messages are always good. When making a point about wrongdoing, always use “we” to include yourself.

THE FOLLOWING THINGS SHOULD NEVER BE DONE IN A MESSAGE:

- ✘ Never scold residents. Enough of this has been received from relatives, lawyers, judges, etc.
- ✘ Never make statements that can be misinterpreted by prison staff as a breach of security.
- ✘ Never downgrade other religions.
- ✘ Never present a “holier than thou” attitude.
- ✘ Never ask antagonistic questions or assume that the group disagrees with you.

THE FOLLOWING THINGS SHOULD BE DONE IN A MESSAGE:

- ✓ In small groups, whenever possible, use a circular seating arrangement.
- ✓ Also encourage class participation in small groups. The question and answer method is effective. Don’t let one person dominate the conversation.
- ✓ Make sure everyone has the same literature and encourage them to read along.
- ✓ If you have to eject a disruptive student from a group, be tactful and courteous, but firm. If necessary, get the cooperation of the correctional officer(s).

RESPONSE

If you ask for a response from the group at the end of the message or that they rededicate their lives, be very clear about exactly what you want them to do and why. If you have a large group, it is best to have them raise their hands rather than come forward (**security precautions**).

INMATE PARTICIPATION

Encourage inmates to be a part of the service. For example, have an inmate sing a solo or share testimonies. Exercise caution with regards to the content and length

of inmate participation. Keep in mind that you are working within a timeframe and you can only allow a minimum amount of resident participation at each service. If necessary, have a “waiting list.” Be sure to screen songs that inmates want to sing, as some may not pick appropriate music. Always maintain control. Do not let any inmate take control of the group meeting.

In small group meetings, especially those dealing with the subject of addiction, provide an opportunity for all inmates to participate and share. If one inmate verbally attacks another in such sessions, intervene by directing the group back to issues rather than dealing in personalities.

FOLLOW-UP

Inmates who indicate their acceptance of God during an appeal at the close of a group meeting, or at any other time, should receive follow-up care while still in the institution.

If possible, their names should be retained for your records as well as given to the Staff Chaplain. Encourage new believers to attend religious study sessions, religious services and other uplifting opportunities offered in the institution.

New converts will be like young children taking their first steps. Most of the time, their environment will be alien and opposed to their new beliefs. Constant support, encouragement and prayer are needed. They should:

- ✓ Be kept as spiritually active as possible by participating in worship services, religious studies, and other religious activities.
- ✓ Be given some responsibility in the ministry (as long as they are ready to accept it). Many are quite talented and their skills should be utilized for God’s service. A study of spiritual gifts will help them identify and begin to flow in the gifts God has given to them.
- ✓ Be encouraged to continue regular attendance at worship services and religious study sessions.

MINISTERING TO INMATES' FAMILIES

It is not advised by this Chaplaincy that Volunteer Chaplains service inmates' families unless under the instruction and guidance of the Staff Chaplain or Administration.

HOW TO HELP INMATES' FAMILIES

Here are some practical ways to minister to inmate's families:

TRANSPORTATION AND HOSPITALITY

Provide transportation to and from the institution so the family can visit. If you live near a prison, provide a place for the family to stay overnight while visiting. Studies have shown that family members who keep in touch with inmates have influence in helping them readjust to society upon release.

INFORMATION

The family may not know how to get information, such as trial dates; when and how to visit; or how to obtain legal representation. You can be a help in providing this information if you familiarize yourself with the system.

SOCIAL SERVICES

Share information about public and private agencies whose function is to provide employment, legal aid, housing, financial assistance, counseling, education, etc. The family may also need assistance in applying for these programs.

EMPLOYMENT

If the wage earner is incarcerated, the mate may need to find employment.

HOUSING, FOOD, CLOTHING, AND FINANCES

The family may need temporary or permanent housing, food, finances to help get them on their feet. If you or your House of worship provides financial help, checks

should be used, if possible and made out for the bills involved, directly to the landlord, utility companies, etc.

COUNSELING

The entire family or individual family members may need personal counseling in order to deal with the crisis.

PRESENTS ON SPECIAL OCCASIONS

Christmas and birthdays are difficult for children and their incarcerated parent(s). One way you can help is to purchase gifts for Christmas and birthdays, wrap them, and present them to the children from the incarcerated parent. This cheers up both inmate and child!

A HOUSE OF WORSHIP

The most important thing you can do for an inmate's family is provide a loving, supportive, accepting house of worship.

HOW TO CONTACT AN INMATE'S FAMILY

There are two important things you must do before contacting an inmate's family:

- ✓ Check with the Staff Chaplain or administration at the jail or prison where you are ministering to see if there are rules against contacting an inmate's family or an established procedure you should follow. Also clarify the purpose of your contact.
- ✓ Obtain written permission from the inmate so that the family and institution know you have the inmate's approval.

DRESS CODES IN THE PENAL SYSTEMS

Most penal institutions have specific dress and safety codes. Be sure to find out what they are before visiting the institution. In this section you will learn the general dress codes applicable to all institutions. Some institutions prohibit visitors or volunteers from wearing colors that resemble inmates or guard uniforms. Again, inquire about the specifics before visiting. It is advised by this Chaplaincy that Ordained Clergy and licensed Ministers wear Civic Attire.

APPROPRIATE ATTIRE

Here are some general rules of appropriate attire applicable to all institutions:

- ✓ Do not wear tight, formfitting clothing.
- ✓ Do not wear low cut necklines.
- ✓ Avoid T-shirts with emblems and slogans as an outer garment.
- ✓ No gang related attire.
- ✓ Do not wear see-through or revealing clothing.
- ✓ No shorts.

FOR WOMEN:

- ✓ Dresses or skirts should fall below the knee.
- ✓ Avoid attire that reveals underwear straps. (Some institutions ban sleeveless dresses and blouses for this reason.)

Generally speaking, wear attire that is appropriate in the business world. Ordained or licensed ministers should wear civic attire.

“A good volunteer will follow institution rules, even if they seem to make no sense. One unruly volunteer can destroy an entire program by not obeying the rules.”

POST PRISON MINISTRY

Some prisoners are released after serving their entire sentence as prescribed by law. In some legal jurisdictions, after completing part of their sentence, prisoners are eligible to go before a parole board. If granted parole before finishing their sentence, they are released with certain conditions, such as reporting regularly to a probation officer, not associating with ex-felons, and restrictions governing living and working arrangements. Conditions for release vary and are usually set by the court, a parole board, or parole officer.

Inmates being released from prison have many needs as they reenter society. This section will help you identify these needs, understand various types of post-prison ministries, and define your role in ministering to ex-offenders.

THE NEEDS OF THE EX-OFFENDER

Some inmates are blessed to be returning to supportive families and/or churches upon release from prison. If they do not have such support in place, then post-prison ministry is very important. Each person is different and has unique needs, but here are some common necessities most ex-offenders share upon discharge from an institution.

- Acceptance in a local church that is nurturing and supportive so they can develop spiritually. Invite them to go to church with you. Sit with them and invite them to have a meal or snack with you after service.
- Housing, food and clothing. Inmates who have no “street clothes” sometimes need a “parole box” containing clothes, underwear and shoes that they can wear when leaving the prison.
- Job training.
- Financial counseling, budgeting, etc.
- Family counseling is very important when ex-offenders are trying to reunite with their family.

- Additional personal counseling for addictions, such as drugs or alcohol abuse. Ex-offenders may find addictive temptations one of their first battles on the outside.
- If they have been incarcerated for a long time, they may need assistance with even simple decision making since inmates have very limited option for making decisions in prison.
- A strong support system and network of friends who will love and accept them, pray for and with them and help them work through problems.

In addition, find out as much as possible about the inmate before release. This knowledge will assist in post-prison ministry. Determine job skills and educational level. Find out where he is paroling to (sometimes it is required that an inmate go to a certain geographic location). Discuss plans with the Staff Chaplains and the appropriate institution authorities before you speak to the inmate about it. Do not promise anything if you cannot follow through on it.

POST PRISON MINISTRIES/RESOURCES

There are different types of post-prison ministries/resources that you may want to start and/or to which an inmate can be referred to:

- A Christian Half-Way House: This is a group home for ex-offenders and is call “half-way” because it is a transition between prison and getting back into normal society. This type of ministry usually provides food, counseling, and jobs placement assistance to its residents. Participants may remain there for a set time dictated by authorities or until they find employment and housing. Some group homes have a discipleship program and participants are required to complete the program before moving out on their own. If you start a half-way house, it is important that you have strict rules concerning drugs, alcohol, curfews, and other general behavior standards.
- The Local Rescue Mission: Some cities operate rescue missions that accept ex-offenders into their discipleship and vocational programs.
- Government or privately operated programs: Some areas have government or privately operated programs to help ex-offenders be

integrated back into society. These may include group homes, career counseling, and other assistance.

- **Church Based Programs:** A local church may choose to start an ex-offenders group, offering assistance in housing, counseling, and job placement. Business owners in the church may wish to recruit ex-felons. One church opened a fast food restaurant that was run entirely by born-again ex-felons.
- **Christian College and Bible Schools:** Some offer scholarships, room and board to promising ex-felons. If you are an administrator of a Christian college or Bible school, this would be a tremendous post-prison ministry to offer.

DETERMINING YOUR ROLE

What will your role be in post-prison ministry? It depends on the answers to the following questions:

WHAT IS PERMITTED IN THE INSTITUTION IN WHICH YOU MINISTER?

Some institutions prohibit volunteers who minister inside the prison from working with inmates after their release. They reason that, should the inmate return to prison, they might be too familiar with the volunteer or be shown special favors because of their relationship outside the institution.

WHERE ARE YOU MOST EFFECTIVE?

Are you more effective ministering to inmates inside or upon release from prison? Where does your interest and vision lie? Which gives you the greatest joy and the greatest spiritual results?

WHAT ARE YOUR TIME AND ENERGY LIMITATIONS?

You can't be everything to everyone. Due to personal time and energy restraints, you may need to confine yourself to ministering to inmates either inside or upon release, but not both.

STARTING A POST-PRISON MINISTRY

Here are three steps for starting a post-prison ministry:

STEP ONE: PRAY

- ✎ Prayer fuels all things.
- ✎ Pray about what God would have you do in the area of post-prison ministries.

STEP TWO: CONSULT YOUR SPIRITUAL LEADER

If you are a Pastor, consult with your board. If you are a church member, talk with your pastor. This is important for several reasons:

- ✓ It is common courtesy.
- ✓ Spiritual leaders can guide and provide valuable input.
- ✓ Your spiritual leader may already have plans underway for such ministry. If so, be a part of it, don't undermine it.

STEP THREE: DO AN ANALYSIS

Here are some questions to answer in your analysis:

- Are there any local post-prison ministries? If so, you may want to become a part of a post-prison ministry already in existence.
- What needs exist in your community in regards to post-prison resources?

NOTE: If your institution does not permit your involvement with inmates upon release or you do not have the time or burden for post-prison ministries, then you will want to serve only as a referral agent. Make a list of churches, individuals, or Para-church organizations involved in post-prison ministries and refer inmates to them.

Whatever your involvement, your role should be that of a facilitator. Don't become a crutch for the inmate. Be available, but don't smother them. Encourage self-reliance.

INSTITUTIONAL & INMATE TYPOLOGY

Upon conclusion of this section, you will be able to:

- ✓ Demonstrate understanding of institutional security levels
- ✓ Discuss differences between jails, prisons, and other facilities
- ✓ Discuss common inmate typology

The following other key issues are addressed in this section:

- ✓ Are some inmates considered more dangerous than others?
- ✓ Are there any differences between a jail and prison?
- ✓ Do inmates share any common characteristics?
- ✓ How do you respond to someone who maintains their innocence?

INSTITUTIONAL TYPOLOGY

Each jail and prison is unique, but most institutions are classified by the type of inmates they house:

MAXIMUM-SECURITY INSTITUTIONS

These institutions house inmates that are the greatest risk, perhaps due to the nature of their crime or their behavior in prison. Death row is usually located in maximum-security institutions. These inmates are very closely supervised and their participation in institutional programs run by volunteers is sometimes restricted.

MEDIUM SECURITY INSTITUTIONS

These institutions house less violent inmates who do not pose a great security or escape risk. They do not require as much supervision and may be allowed to freely participate in religious programs.

MINIMUM SECURITY INSTITUTIONS

These institutions house inmates who are close to their release date, incarcerated for non-violent crimes, or those who have proven themselves to be extremely reliable and trustworthy. They may even work outside the prison occasion and usually have the freedom to participate in religious programs.

Some institutions house all three security levels in separate areas of the same facility. Each of these levels is often found in jails also. Institutions sometimes clothe the inmates in uniforms of differing colors to identify the various security levels.

DIFFERENCES BETWEEN JAILS AND PRISONS

Although jails and prisons both house offenders, there are differences between the two. Prison inmates have been tried and convicted. Jail is usually the entry point for all prisoners. Many jail inmates haven't been convicted of anything yet. Most are being held awaiting trial. Some are being held pending sentencing. Some may be serving sentences so brief that it doesn't warrant sending them to prison.

Prison population is relatively stable. People serve longer terms so you have more time to work with them. Jail population is very transient. Your time with them is limited.

While some prisons have programs for counseling and rehabilitation, most jails have few or none. Prisons usually have better facilities for group meetings, such as church services and group Bible studies.

The physical, emotional, and psychological conditions of jail inmates are different from and less favorable than those in prisons. There is usually no privacy in which to talk with individual inmates in jail. The prisoners in jail are often bored, restless and fearful. Most of all, uncertainty rules their lives.

OTHER TYPES OF FACILITIES

Other types of programs of confinement include:

Work release centers allow inmates to hold a job in the community during the day and return to the center for confinement at night.

Half-way houses are for persons on parole. They are required to stay at the house while seeking employment and a permanent place to live. They may be required to complete certain counseling or training programs offered at the half-way house.

Road camps, fire camps, forestry camps, or work farms are programs where inmates work on roads, public forests, farms or fight fires.

Detention, juvenile hall, or reformatory are typically for young offenders to be kept separate from older prisoners.

Despite the distracting environment, jails, prisons, and other penal programs are some of the greatest spiritual harvest fields in the world. Jesus only had a few minutes with the dying thief on the cross, but his entire destiny was changed for all eternity.

INMATE TYPOLOGY

Each inmate is unique. God loves each one and is not willing that any should perish. There is no “typical” inmate in God’s sight, but there are some common characteristics that will help you understand the majority.

Education: often, the educational level of inmates is low.

Home environment: Inmates often come from homes where there was abuse, divorce, little supervision, and no discipline.

Vocational training: Many inmates have little or no vocational training. They may have been successful at obtaining or maintaining employment or labored at low paying jobs.

Self-Image: Inmates often have low self-image because society, friends and/or family has rejected them.

Emotional Profiles: Many inmates suffer from guilt over what they have done or put their families through. Depression, hopelessness, and hostility are common.

Social Responsibility: Inmates sometimes have limited sense of social responsibility. They may feel no remorse for their crime or that they got a “bad break” from the system by coming to prison.

Common Offenses: Four common crimes accounts for the majority of prison inmates in most countries: Robbery, burglary, murder, and narcotics violations. Other common reasons for incarceration are sexual offenses, kidnapping, assault, embezzlement, forgery and fraud.

INMATE DISRUPTIONS IN MINISTRY:

Beware that inmates also assume various disruptive roles in prison ministry:

Hecklers may come to Bible class as earnest students but then disrupt the lesson by asking unanswerable questions. They may try to pour out scandalous stories about church and ministers or turn testimony time into a griping session. Maintain control of group sessions by continually bringing the group back to the subject at hand.

Perennial Seekers respond to every altar call due to lack of understanding of what conversion is all about, a desire to please you, or because they have lived like a sinner since they last responded. Continue to receive them warmly when they respond and pray with them. When they are secure in their relationship with God and really understand conversion, a change will come.

Manipulators are those who may be charming and agreeable, but try to use you for their own purposes.

Institutionalized Inmates are those who have been confined for a lengthy period of time and have difficulty functioning apart from an institutional setting. If they return to prison after paroling, don't be discouraged. They may be sincere in their confession of the Lord but just need more skills for adjusting to life outside.

Remember, these characteristics are not true of all inmates. Some are very educated and held high paying jobs. Some came from good homes and supportive families. Some are sincere seekers, desiring to learn about God. These general characteristics are based on numerous studies of the majority of prison inmates.

Most importantly, remember to view each inmate not as they were, or even as they are, but view them as the men and women of God that they will become when the Gospel has supernaturally impacted their lives!

ARE SOME REALLY INNOCENT?

Many inmates maintain their innocence. For some who are actually guilty, this can be an escape mechanism. They cannot face what they did, so they rationalize or blame others. Some inmates who maintain their innocence actually are innocent! There have been many cases where inmates were released from prison after it was proven beyond a shadow of a doubt that they were wrongly convicted. This applies to former death row inmates also!

You are not to judge the guilt or innocence of an inmate. You are there to be a friend and minister God's love to them. Be supportive. Tell them you will pray that God undertake their case and that justice will be done.

Remember that, for various reasons, many heroes of the faith ended up with prison records. Joseph spent at least two years in prison after he was falsely accused of attempted rape (Genesis 39). Samson was imprisoned by the Philistines (Judges 16). Jeremiah was put into King Zedekiah's dungeon twice, once for unpopular preaching and once when falsely accused of treason (Jeremiah 32, 37).

In the New Testament, many of the apostles were thrown in prison by the Sadducees (Acts 5). Herod imprisoned John the Baptist (Matthew 4) and Peter (Acts 12), as well as Paul. The Apostle Paul had a lengthy prison record. He served sentences in Jerusalem (Acts 23), Caesarea (Acts 23), a local jail in Philippi (Acts 16), and in Rome.

Christians have been imprisoned throughout church history. John Bunyan and Dietrich Bonhoeffer are two notable believers who were incarcerated. Modern China, Russia and Uganda have seen thousands of believers who were imprisoned and martyred.

Jesus said that being a faithful Christian may lead to prison (Matthew 10 and 24). Conversely, being a prisoner may also lead to faith, as one death row inmate discovered on Calvary.

Always remember ... there are great men and women of the faith on both sides of the prison walls.

HEALTHCARE CHAPLAINS

(Hospital / Hospice / Palliative Care / Nursing Home)

HOSPITAL CHAPLAINS

IN HOUSE PASTOR FOR STAFF

In the often stressful and demanding healthcare environment, the Chaplain is an understanding friend and confidant. The Chaplain can provide a listening ear and a pastoral point of view for the staff as they face professional and personal problems. Staff members who have no minister of their own often seek the Chaplain's counsel, especially during times of personal family need or professional pressures. As a Volunteer Chaplain, you may be asked at any time to minister to the hospital staff.

LIAISON FOR LOCAL CLERGY

Usually the Healthcare Chaplains on staff see patients/residents before their ministers are aware of the hospitalization. With the patient/ resident's permission, the Chaplain can call the family's pastor, priest, rabbi or other religious leader. The Chaplain provides pastoral care and support until the patient/residents own minister arrives. As a Volunteer Chaplain, you may be requested to take part in these services.

CONTACT FOR THE COMMUNITY

Serving often as the healthcare facility's religious public relations person, the Staff Chaplain is able to coordinate services provided by clergy for the community. The Chaplain is prepared to conduct seminars and workshops on topics such as patient/resident visitation, terminal illness, death and the grieving process. The Chaplain is available also to speak in churches when the regular minister is away.

SUPPORT FOR PATIENTS/RESIDENTS' FAMILIES

The Staff Chaplain is available to help with the distressed families of critically ill or dying patients/residents. If the patients/residents do not have their own ministers, the Staff Chaplain serves as a trusted friend and pastoral figure.

BEREAVEMENT COUNSELOR

After the patient's death, the Hospice Chaplain is available to help family member work through grief. Many Hospice Chaplains are also on staff at hospitals as grief counselors.

COUNSELOR

The counselor role is mentioned numerous times in relation to hospital ministry. It is seen by some Chaplains as the primary ministry and the ministry that is used initially when approaching a patient. A counselor is defined as a person who meets the patient's needs. The Chaplain's duty as a counselor is to discover the nature of the patient's needs that moment and then meet those needs, whatever those needs may be. A counselor would therefore be primarily patient directed and interested particularly in the patient's personal needs at the moment.

However, the nature of the Chaplain as a counselor also bleeds over from counseling spiritual issues into counseling personal issues. Patients, for example, may need counseling on medical ethics or family problems while hospital employees may need counseling with their persona and work related problems.

COMFORTER

The role of the Chaplain as a "comforter" is also described by some as "teacher" and "mediator". In this role, the Chaplain helps the patient deal with their fears and anxieties resulting from their illness, put things in perspective, and reassemble their lives. The Chaplain in this capacity also has a ministry to the patient's family during the patient's illness and after the patient's death. Such ministry is one of bringing comfort to the distressed. The comforter helps the patient and family "cope."

RELIGIOUS FUNCTIONARY

In the role of the religious functionary, the Staff Chaplain is there to help uphold spiritual values in the hospital. The Chaplain keeps the spiritual dimension of healing in the forefront of everyone's mind. The Chaplain also makes spiritual resources available to patients, often by arranging worship services or by administering the Sacraments. The Chaplain, as the religious functionary, provides concrete support to the patient through prayer and scripture reading.

AMBASSADOR OF GOD

As an ambassador of God, the Chaplain is a servant, church representative, and witness. In times of crisis, the Chaplain assures God's love and concern. Often this role of ambassador is accomplished by mere presence. As God's representative, the Chaplain is able to show compassion, mercy, care and love.

Some might specifically refer to this ministry as the ministry of presence, or as the "incarnational ministry." However, the Chaplain's ministry as an ambassador of God often goes beyond mere presence to also include the presentation of spirituality. Prayerfully leading a patient to a place where he or she expresses trust in God would be appropriate for the Chaplain in the role of ambassador.

Therefore, the Chaplain might have the role as an ambassador of God who, in the expression of that role, performs many functions. As an "ambassador" the Chaplain may function as a "counselor" in particular situations. The Chaplain in this role is still primarily an "ambassador" who is performing the "counselor" function.

ENCOURAGER

In this role, the Chaplain encourages patients to marshal their will to get better and helps them maintain their will to live. The Chaplain is there to help the patient see the things that are worth living for and the consequences of giving up too soon.

PARTNER

In the role of partner, the Chaplain is to “join the sufferer, to enter the pain, to engage the absurdity, to descend into hell...not minimize or mitigate the suffering, but to help the sufferer to put the suffering in perspective.” This ministry is identification with the patient and becoming a compassionate partner.

As is the case with this and all of the above roles, a Chaplain, in general, tries to be a compassionate partner with the patient and to go through the illness with them as a friend and a witness for God. However, too with all of these roles, the Chaplain cannot fulfill all of the requirements that the role demands. The Chaplain cannot fully enter into the sufferer’s world but the Chaplain can point the sufferer to the one who is able to fully enter into his world.

When serving as a Volunteer Chaplain in the Healthcare environment, one of the most important things to remember is: Never meet with patients or groups alone (a staff member should always be present).

THE HOSPICE CONCEPT

Built upon the touchstone of individual choice, Hospice is an option in care for terminally ill patients and their families. Hospice weaves the dignity of choice and the power of love into the process of caring to affirm a meaningful quality of life to the end.

Hospice addresses the physical, emotional and spiritual needs of patients and their loved ones with a holistic, team-oriented approach; one with respect for a patient's wishes at its heart. Making no attempt to hasten death or prolong life, Hospice Care focuses on controlling pain and symptoms in the comforts of home, in hospitals, skilled nursing or assisted living facilities.

Hospice offers confidentiality, comfort and compassion. In addition, it provides resources and respite, as well as answers and assistance from the first days of a life-limiting illness to the last. Hospice Care helps families make the most of their time together and provides bereavement support after the loss.

True to its ancient meaning as a place of shelter for travelers on a difficult journey, Hospice provides a haven of hope for this last challenging leg of the journey of life.

WHAT IS A HOSPICE CHAPLAIN?

A Hospice Chaplain is especially trained to work with dying patients and their families. They provide spiritual, emotional and physical support and comfort. The Hospice Chaplain gives pastoral support to terminally ill patients and their families. Terminally ill patients usually go into Hospice Care when they are expected to die within six months. Chaplains also provide care to patients who are incapacitated and need long-term medical care.

A Hospice Chaplain is a vital part of the overall Hospice team. The Hospice team usually consists of doctors, nurses, aides, social workers, Staff Chaplains and Volunteer Chaplains.

Although the Chaplain is not part of the medical team, the Chaplain is trained to have a listening ear and to be a comforting and supporting presence in a difficult time.

Hospice Chaplains on staff spend much of their time simply sitting with dying patients and listening to them talk. The Chaplains' most important duty is giving spiritual counseling and support. If requested, Chaplains may conduct religious services of their own faith, while refraining from proselytizing. Since hospice foundations receive government money, the services are required to be nondenominational. Hospice Chaplains visit the patient and family as often or as little as requested. Most visit the patient at least once a week. If the patient is active in church, the Chaplain stays in touch with the minister and other church members. They are also available for prayer or counseling. Volunteers who have received Hospice training may also assist the Staff Chaplains with servicing the family.

ROLE IN THE HOSPICE TEAM

Using a combination of spirituality and psychology, the Hospice Chaplain on staff is the team member responsible for the spiritual care of the dying patient and the family. Chaplains are nonjudgmental and make no distinctions for different denominations or culture. Additionally, Hospice Chaplains help conduct workshops for the other Hospice team members on sensitivity to patients' spiritual needs. Chaplains are also available to assist with final arrangements as requested.

MISCONCEPTIONS ABOUT HOSPICE CARE

- ✘ *It's expensive.* Medicare and Private Insurance generally cover the full cost of Hospice Care. There are some exceptions, and your health care provider can help you figure out what will and won't be covered.
- ✘ *It means you've failed in your fight against the disease.* Hospice is not a judgment on your (or your doctor's) efforts. Hospice is an opportunity to choose how you want to spend your final days at home for example, rather than in a hospital.
- ✘ *It means you will die soon.* Wrong! Many people under Hospice Care live on for months. Hospice Care doesn't mean you should crawl into bed and die. Hospice Care is focused on making your final days comfortable and dignified.

- ✘ *You have to wait until the very end.* Although many hospice patients only take advantage of the care in the last week of life, Medicare covers six months of Hospice Care.

CHOICE TO END LIFE

Why might a person choose to not have Hospice Care at the end of life?

The answer is often financial gaps in *Medicare* and *Private Insurance* coverage. Things like intravenous nutrition and some chemotherapy are not covered. A person may have to stop using medications that can extend life (but not cure the disease) in order to enter Hospice Care.

GLOSSARY OF HOSPITAL/HOSPICE TERMS

The following are health and medical definitions of terms that are used in the Hospital/Hospice Environment:

Abnormal: Outside the expected norm, or uncharacteristic of a particular patient.

Acute: Of abrupt onset, in reference to a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care.

Acute Pain: pain that comes on suddenly but has limited duration.

Analgesic: drug that relieves pain.

Anemia: a red corpuscle deficiency in the blood.

Anorexia: loss of appetite, resulting in the inability to eat.

Anticipatory grief: feeling of pain and loss before death has occurred.

Antiemetic: a substance of procedure which alleviates nausea and vomiting.

Appropriate death: the kind of death chosen for one's self.

Artificial nutrition and hydration: supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or vein.

Auto-euthanasia: suicide.

Autopsy: examination of a body after death to discover the cause of death or extent of disease.

Bereavement: period of grief after the death of a loved one.

Biopsy: microscopic examination of body tissue for diagnosis.

Bolus: a dose of medication injected all at once.

Bowel obstruction: something in the bowel preventing passage of stool.

Bowel regimen: instruction provided by a nurse to patient and caregiver regarding ways to establish regular waste evacuation.

Breakthrough Pain: pain that occurs between dosages of narcotics analgesic for which a less potent medication is given until the narcotic can be given again.

CADD/PCA pump: a continuous infusion pump used subcutaneously or IV Medication is delivered continuously at a fixed hourly rate and by bolus medication at regular intervals. Used interchangeably with competency but is not the same. Competency is a legal status imposed by the courts.

Cancer: An abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread).

Capacity: In relation to end –of –life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problems and the risk and benefits of the available treatment options. The patient ability to understand other unrelated concepts is not relevant.

Cardiopulmonary resuscitation: (CPR) is group of treatment used when someone’s heart and /or breathing has stopped. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth to mouth breathing or it can include pressing on the chest to mimic the heart’s function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

Chemotherapy: oral or intravenous administration of drugs which kill cancer cells.

Chronic pain: a long lasting and continuous pain.

Coma: an extended and deep state of unconsciousness.

Committal Service: brief service at the grave side.

Constipation: Infrequent and frequently incomplete bowel movements. Constipation is the opposite of diarrhea and is commonly caused by irritable bowel syndrome (IBS), diverticulosis, and medications. Paradoxically, constipation can

also be caused by overuse of laxatives. Colon cancer can also narrow the colon and thereby cause constipation. A high-fiber diet can frequently relieve constipation. If the *diet* is not helpful, medical evaluation is warranted.

Curable: Amenable to a cure, capable of being cured, to being healed and made well. Most skin cancers, fortunately, are curable. From the word cure, from the Latin cura meaning care, concern or attention.

Decubitus: inflammation or ulcer in skin over a bony prominence (aka: bedsore); plural; decubiti.

Dehydration: excessive loss of water from the body tissue.

Denial: refusal to believe that death will occur or has actually occurred.

Depression: An illness that involves the body, mood, and thoughts and that affects the way a person eats, sleeps, feels about him or herself, and thinks about things. Depression is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away. People with depression cannot merely 'pull themselves together' and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people with depression. The signs and symptoms of depression include loss of interest in activities that were once interesting or enjoyable, including sex; loss of appetite, with weight loss, or overeating, with weight gain; loss of emotional expression (flat affect); a persistently sad, anxious, or empty mood; feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness; social withdrawal; unusual fatigue, low energy level, a feeling of being slowed down; sleep disturbance and insomnia, early-morning awakening or oversleeping; trouble concentrating, remembering, or making decisions; unusual restlessness or irritability; persistent physical problems such as headaches, digestive disorders, or chronic pain that do not respond to treatment, and thoughts of death or suicide or suicide attempts. The principal types of depression are called major depression, dysthymia, and bipolar disease (manic-depressive disease).

DME: durable medical equipment, i.e. hospital bed, bed side commode, wheel chair, special mattresses, oxygen, shower bench and the likes.

Do-not resuscitate (DNR) order: a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under

these circumstances. Although the DNR order is written at the request of a person or the person's family, it must be signed by a physician to be valid. A non-hospital DNR order written for individuals who are at home and do not want to receive CPR.

Donor Card: specifies that way in which a person wishes his or her body utilized for medical purposes after death.

Dyspnea: shortness of breath or difficulty in breathing caused by heart conditions, strenuous exercise, bad lung condition or anxiety.

Emergency Medical Services (EMS): A group of governmental and private agencies that provide emergency care, usually to persons outside of the healthcare facilities; EMS personnel generally include paramedics, first responders and ambulance crew.

Emesis: material expelled when food vomited.

Eulogy: formal speeches made in praise of a person who had died recently

Euthanasia: helping another person to die painlessly, in order to end suffering. Euthanasia is NOT legal.

Grief: The normal process of reacting to a loss. The loss may be physical (such as a death), social (such as divorce), or occupational (such as a job). Emotional reactions of grief can include anger, guilt, anxiety, sadness, and despair. Physical reactions of grief can include sleeping problems, changes in appetite, physical problems, or illness.

Healthcare Agent: the person named in an advanced directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

Heroic measures: emergency life sustaining measures.

Hospice: A program or facility that provides special care for people who are near the end of life and for their families. Hospice care can be provided at home, in a hospice or other freestanding facility, or within a hospital.

Hospice Care: Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home -- in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person.

ICU: Intensive care unit. The intensive care unit is a designated area of a hospital facility that is dedicated to the care of patients who are seriously ill.

Incurable: Not amenable to a cure. Incapable of being cured, healed and made well again. Many pancreatic cancers are incurable. From the word cure, from the Latin cura meaning care, concern or attention.

Injury: Harm or hurt. The term "injury" may be applied in medicine to damage inflicted upon oneself as in a hamstring injury or by an external agent on as in a cold injury. The injury may be accidental or deliberate, as with a needle stick injury. The term "injury" may be synonymous (depending on the context) with a wound or with trauma.

Inpatient: A patient whose care requires a stay in a hospital; as opposed to an outpatient. The term inpatient dates back to at least 1760.

Intubation: refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

Inquest: a coroner's investigation into the cause of death.

Life-sustaining treatment: medical procedures that replace or support an essential bodily function (may also be called life support treatment). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and other treatments.

Living will: An advance medical directive that specifies what types of medical treatment are desired. A living will can be very specific or very general. The most common statement in a living will requests that if the patient suffers an incurable, irreversible illness.

Mechanical ventilation: used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).

Medical power of attorney: a document that allows individuals to appoint someone else to make decisions about their medical care if they are unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare or appointment of a healthcare agent. The person appointed may be called healthcare agent, surrogate, attorney-in-fact or proxy.

Medicare: The US government's national health insurance program for people aged 65 and older who have worked for at least 10 years in Medicare-covered employment, and who are citizens or permanent residents of the US. Medicare Part A covers inpatient hospital stays, and Medicare Part B covers physician and outpatient services.

Metastasis: process by which tumor cells are spread to distant parts of the body.

Mortality Rate: number of deaths in a given year for each 1,000 persons.

Morphine: A powerful narcotic agent that has strong analgesic (pain relief) action and other significant effects on the central nervous system. It is dangerously addicting. Morphine is a naturally occurring member of a large chemical class of compounds called alkaloids. The name, which derives from Morpheus (the mythological god of dreams), was coined in 1805 by German apothecary Adolf Serturmer to designate the main alkaloid in opium. Opium comes from the poppy plant.

Music therapy: The use of music in therapy; the therapeutic use of music. There are many different definitions of music therapy ranging from the trivial (a form of distraction that uses music as an aid to relaxation) to the lofty (the prescribed use of music to restore, maintain, and improve emotional, physical, physiological, and spiritual health and well-being).

Narcotics: drugs which alter perception of pain induce mood changes, mental clouding and deep sleep.

Nausea: Stomach queasiness, the urge to vomit. Nausea can be brought on by many causes, including systemic illnesses (such as influenza), medications, pain, and inner ear disease.

Nurse: 1) A person trained, licensed, or skilled in nursing. 2) To feed an infant at the breast.

Nursing: 1) Profession concerned with the provision of services essential to the maintenance and restoration of health by attending the needs of sick persons. 2) Feeding an infant at the breast.

Nursing home: A residential facility for people with chronic illness or disability, particularly older people who have mobility and eating problems. Also known as a convalescent home and long-term care facility.

Nutritionist: 1) In a hospital or nursing home, a person who plans and/or formulates special meals for patients. It can also simply be a euphemism for a cook who works in a medical facility but who does not have extensive training in special nutritional needs. 2) In clinical practice, a specialist in nutrition. Nutritionists can help patients with special needs, allergies, health problems, or a desire for increased energy or weight change devise healthy diets. Some nutritionists in private practice are well-trained, hold a degree and are licensed. Depending on state law, however, a person using the title may not be trained or licensed at all.

Opioid: 1. a synthetic narcotic that resembles the naturally occurring opiates. 2. Any substance that binds to or otherwise affects the opiate receptors on the surface of the cell.

Pain: An unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. The physical part of pain results from nerve stimulation. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse, as in disorders like fibromyalgia. Pain is mediated by specific nerve fibers that carry the pain impulses to the brain where their conscious appreciation may be modified by many factors.

Palliation: therapy designed to relieve uncomfortable symptoms without producing a cure.

Palliative care: 1) Medical or comfort care that reduces the severity of a disease or slows its progress rather than providing a cure. For incurable diseases, in cases

where the cure is not recommended due to other health concerns, and when the patient does not wish to pursue a cure, palliative care becomes the focus of treatment. For example, if surgery cannot be performed to remove a tumor, radiation treatment might be tried to reduce its rate of growth, and pain management could help the patient manage physical symptoms. 2) In a negative sense, provision only of perfunctory health care when a cure is possible.

Patient Caregiver: a person who agrees to take responsibility for 24 hour care of hospice patient, either personally or with assistance.

Pediatrics: The field of medicine that is concerned with the health of infants, children, and adolescents; their growth and development; and their opportunity to achieve full potential as adults.

Pharmacy: A location where prescription medications are sold. A pharmacy is constantly supervised by a licensed pharmacist.

Prognosis: prediction of the probable course of a disease and chances of recovery in an individual.

Quality of life: The patient's ability to enjoy normal life activities. Quality of life is an important consideration in medical care. Some medical treatments can seriously impair quality of life without providing appreciable benefit, whereas others greatly enhance quality of life.

Radiation: use of x-rays or gamma rays from a cobalt source to deter the growth of malignant cells.

Remission: prolonged lessening of symptoms of an illness.

Respiratory arrest: the cessation of breathing-an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop breathing, resulting in cardiac arrest.

Respite: interval of temporary relief or rest.

Sleep: The body's rest cycle.

Social Death: avoidance of a dying person by other persons.

Sublingual: medication given under the tongue.

Surrogate decision-making: laws allowing a group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permits surrogate decision making for people without advance directives.

Syndrome: several symptoms which as a group indicate a specific condition or disease.

Taste: A perception that results from stimulation of a gustatory nerve. Taste belongs to the chemical sensing system. Tasting begins when molecules stimulate special cells in the mouth or throat. These special cells transmit messages through nerves to the brain, where specific tastes are identified. Gustatory, or taste, cells react to food and beverages. The taste cells are clustered in the taste buds of the mouth and throat. Many of the small bumps that can be seen on the tongue contain taste buds. Smell contributes to the sense of taste, as does another chemosensory mechanism, called the common chemical sense. In this system, thousands of nerve endings' especially on the moist surfaces of the eyes, nose, mouth, and throat give rise to sensations such as the sting of ammonia, the coolness of menthol, and the irritation of chili peppers. People can commonly identify four basic taste sensations: sweet, sour, bitter, and salty. In the mouth, these tastes, along with texture, temperature, and the sensations from the common chemical sense, combine with odors to produce the perception of flavor. Flavors are recognized mainly through the sense of smell. If a person holds his or her nose while eating chocolate, for example, the person will have trouble identifying the chocolate flavor even though he or she can distinguish the food's sweetness or bitterness. That is because the familiar flavor of chocolate is sensed largely by odor.

Terminal: final stages of fatal disease.

Thanatology: the study of death.

Therapy: The treatment of disease. Therapy is synonymous with treatment.

Withholding or withdrawing treatment: forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

STAGES OF DYING

Preparing for death can be terrifying if you have no idea what to expect both physically and emotionally. As the dying process enters its final stages there are two different dynamics at work.

The physical aspect of dying deals with the final process of the body shutting down; this ends the physical systems' functioning.

The other dynamic is the emotional/mental/spiritual area which is a different process. This is where the spirit of the dying individual begins to slip away from its immediate environment and attachments. This release tends to follow its own priorities when it comes to letting go of loved ones and unfinished business. You have all heard people tell how someone on their deathbed refuses to let go until a certain member of the family was able to get there. Even when the body is trying to shut down the spirit hangs on until a resolution is reached. It is as though those dying need permission to go and to feel that they have achieved the support and acceptance of their fate from the people they will leave behind. This way, they can slip into the next dimension of life with grace and dignity.

There is in all of us a curiosity about dying. Regardless of your religious beliefs, there has to be some doubt or shadows of uncertainty. There are five stages involved. Some patients have time to experience each stage and come to a peaceful resolve. Each person approaches death in their own way, bringing to their individual process uniqueness. Death comes in its own time and in its own way. It is as unique as the individual experiencing it.

FIVE STAGES OF DYING

DENIAL: Patients think, "I'm too young to die. I'm not ready to die." (Is anyone really ever ready? Does someone just get up some morning and say, "Well, I'm ready to die today?") Even when a physician informs someone that nothing can be done for them, the feeling that some mistake must have been made is in the dying person's mind. The prediction from a physician of imminent death can do several things. It can give patients time to prepare, take care of business, close doors, and/or make amends. The shock begins to ebb as they come to grips with approaching death.

ANGER: Suddenly patients have no control over life or death. They have no choice ... they are going to die. They have always known that death is a part of life but now it's a fact directly before them. It makes them angry. They feel so helpless, especially at first, then guilt climbs upon them and anger is directed at everyone and no one in particular. It is a sense of loss of control which is likely not a new feeling if the patient has endured a long illness. It is normal. Anger is, in its own, a sense of strength. However, it can also be debilitating.

BARGAINING: Patients are now willing to compromise. No use denying it, anger comes and goes so perhaps they can make a deal with God! They are willing to promise to do, or not to do, specific things if only they can be given more time. It can be based on an upcoming event that is important to them. They can be suffering from insecurities regarding members of the family or a loved one whom they feel is yet dependent on them. There can be a rift that has never been eliminated that needs to be further addressed. They are not free to go until these open items can be completed once and for all.

DEPRESSION: This is such a normal part of the process of preparing to die. Patients are already depressed about their incapableness to deal with certain responsibilities, projects and the tasks of everyday life. Symptoms of terminal illness are impossible to ignore and patients are fully aware that death is inevitable. Aware, angry and filled with sorrow, again the culprit of guilt sneaks in as patients mourn for themselves and the pain that this is causing their loved ones. Again, depression is a totally normal phase in the dying process.

ACCEPTANCE: This comes after patients work through the numerous conflicts and feelings that dying brings. They can succumb to the inevitable as they become more tired and weakness hangs on. Patients become less emotional; calmness arrives and banishes fear just as joy conquers sadness. They realize the battle is almost over and now it's really alright for them to die.

HOW THE BODY PREPARES FOR THE ONSET OF DYING

There are many different ways the body prepares for the onset of dying and they all seem to show one thing, the body starts shutting down one system after the other.

Here are some signs of how the body prepares for the onset of dying:

- The first thing that you might notice is a person's hands and feet become extremely cold. In addition, the skin color changes with it being mottled; this is a clear indication that the circulation of blood to the extremities has decreased and only the vital organs are being supplied with blood.
- A person who is about to die tends to sleep a lot. This is no ordinary sleep but rather, it is a deep and sound sleep where you will find it difficult to wake up the person.
- Disorientation is common in people who are about to die. They seem confused and cannot identify their surroundings or the people around them.
- Incontinence is a common sign of how the body prepares for the onset of dying. A person who is about to die can lose control over his bladder and/or bowels.
- Decrease in food and fluid intake is another sign of how the body prepares to die. The person will not feel hungry or thirsty and it is best not to force them as it will make them uncomfortable. Due to lack of fluid urination will become infrequent and concentrated.
- The breathing pattern becomes shallow and there is a big gap between two breaths (*chain stoking*).
- A *death rattle* is a gurgling or rattle-like noise produced shortly before death by the accumulation of excessive respiratory secretions in the throat. The death rattle is a clear indication that someone is near death.

Pain is one of the most individualized things on earth. It is true that it is great common bond as well, but that realization only comes when it is over. To suffer is to be alone. To watch another suffer is to know the barrier that shuts each of us away by ourselves. Only individuals suffer.

Edith Hamilton

WORKING THROUGH THE PAIN OF LOSING A LOVED ONE

Understanding Loss examines the ways that loss is wound.

Natures Anesthetic takes a closer look at shock and denial and how to cope.

The Many Faces of Anger reveals the necessity of the anger phase of grief and how to make this stage of the healing process work for the griever in positive ways.

Making a Deal with God explores the bargaining phase for grief and the opportunities it offers for personal growth and greater healing.

In the Valley of the Shadow reveals how to gain strength and perspective from the depression stage in the grief process

The Ravages of Remorse deals with guilt feelings and the crippling effects they can have on the healing process.

Return to Sunshine shows how to nurture hope and find renewal in the acceptance phase of grief.

The process of grieving cannot be hurried. It takes a great deal of time usually a year or more. It may be the purest pain one can ever know. The following are stages of grief commonly experienced. You may not experience all of these, and you may not experience them in this order. It is important to realize, however, that what you are feeling is NATURAL; and you will begin to heal.

Shock: feeling numb, no display of fear or emotions.

Emotional Release: at some point beginning to feel pain and hurt.

Preoccupation: difficulty thinking of other things.

Physical and Emotional Distress: sleeplessness, tightness in the throat, choking feeling, shortness of breath, sighing, an empty, hollow feeling in the stomach, lack of muscular power, digestive symptoms, poor appetite, slight sense of unreality, emotional distance, panic, and thoughts of self-destruction.

Hostile Reactions: display of unwarranted hostility.

Guilt: A sense of being responsible for not taken action to prevent the situation.

Depression: feelings of despair, unbearable loneliness and hopelessness.

Withdrawal: withdrawing from social relationships.

Reentering Relationships: after a period of time the grieving person reestablishes old relationships and begins to form new ones.

Resolution and Readjustment: this comes gradually; the memories are still there; the love is still there; and healing begins.

COMMON RESPONSES TO GRIEF

You will note that the common responses to grief closely resemble the responses to the dying process:

- A feeling to tightness in the throat or heaviness in the chest.
- An empty feeling in the stomach and loss of appetite.
- Restlessness and a need for activity, accompanied by the inability to concentrate.
- A feeling that loss isn't real, that it didn't really happen.
- A sense of your lost one's presence, like finding yourself expecting them to walk in the door, hearing their voice, or seeing their face.
- Aimless wandering, forgetfulness, and inability to finish things you've started to do around the house.
- Difficulty sleeping, frequent dreams about the incident or related incidences.
- A tendency to assume the mannerisms or traits of your deceased loved one.
- Intense anger at your loved one for leaving you.
- An intense preoccupation with the life of your deceased loved one.

- ✓ A need to take care of other people around you.
- ✓ A need to tell, re-tell and remember things about the deceased or the incident.
- ✓ Crying at unexpected times.

These are all natural and normal grief responses. It is important to cry and talk with people when you need to.

THE SIX STAGES OF GRIEF

DENIAL	ANGER	BARGAINING	DEPRESSION	ACCEPTANCE	LITIGATION
Dead???	I can't accept this!	If you bring them back, I promise I will.....	Why?	Sigh	Somebody is going to pay.
No Way!			Why?		
You must be Mistaken!!	Who is to Blame?		Why?		
			Why?		These various according to the death.

SUPPORT STRATEGIES

“The first question which the priest and the Levite asked was:

‘If I stop to help this man, what will happen to me?’

But...the Good Samaritan reversed the question:

‘If I do not stop to help this man, what will happen to him?’

Martin Luther King Jr.

HELPING OTHERS (DO'S AND DON'TS):

DO...

- ✓ **Pray continually**, for the person and for your conversation and contacts, that you may be a healing agent by the Holy Spirit.
- ✓ **Be present with the person.** Make yourself available and let the person know you are there simply because you care.
- ✓ **Meet practical needs.** It's good to offer and provide groceries or other items, but be sensitive to what they actually need.
- ✓ **Accept and validate the feelings expressed.** They are their true feelings, even if they are directed at God or seem to be a crisis of faith. Problems, attitudes and issues can be dealt with in time.
- ✓ **Be there long term.** Let others know you care and allow them to set the pace of discussions and relationship.
- ✓ **Let them question God and spiritual things.** It is okay, to say you don't agree with a statement they make in anger, as long as you limit it to your view and don't try to "correct" their view of God theologically at this point.
- ✓ **Use a comforting touch.** A hug or a pat on the shoulder does help.
- ✓ **Avoid curiosity.** Inappropriate details of crime.
- ✓ **Listen to what others mean,** not just what they say.
- ✓ **Be sensitive** to their emotional needs when you speak.
- ✓ **Use a sense of humor** when it is appropriate.
- ✓ **Take care of yourself** by time off and seeking support from others.
- ✓ **Use creative arts** to help others express their feeling (poetry, songs, etc.)
- ✓ **Find scriptures to share.** The word used sensitively, wisely and appropriately will deal with others where they are.

- ✓ **Understand your role in the healing process.** See the Good Samaritan passage (Luke 10:25-37).

DON'T...

- ✗ **Blame the victim.** Avoid questions or statements that point to “contributing factors” of the situation.
- ✗ **Assume you know how to define forgiveness.** It is not forgetting as we are consistently told.
- ✗ **Rush forgiveness.** Forgiveness is commanded by God but rushing it may be misconstrued as manipulating the situation.
- ✗ **Use Clichés.** Packaged statements only make the caregiver feel good, and they belittle the others.
- ✗ **Place expectations of any kind.** Quite often survivors need to have a sense of recovering their own ability to cope with life and even daily things. Placing expectations on them robs them of the power to cope.
- ✗ **Intellectualize or theologize their situation.** Neither will help emotional or spiritual growth. Most of the time intellectual or theological statements are not as objective as they may have been intended to be.
- ✗ **Expect grief to be an easy step by step process.** Grief works differently for different situations and for different people. There may be characteristics that we should understand but no one will go through them exactly the same as another.
- ✗ **Distance or isolate the others.** It is our natural tendency to pull away from those whom have gone through something horrific or something we don't understand. Draw near to them as a friend.
- ✗ **Get too close.** It is easy to become over involved in someone's emotional state, or feel like you have to be sharing their pain for yourself in order to help them.

- ✘ **Say you understand.** No one understands the uniqueness of another's pain or circumstance. Try to understand but don't pretend that you do.
- ✘ **Over busy others.** It is easy for us to busy ourselves to forget pain, but that doesn't deal with it. Keep them busy enough to feel like a part of the community, but let them rest and process with you on the down days as well.
- ✘ **Pass info on.** Ask permission for what you can share with others, and what attention the survivor desires.

DEATH AND CULTURAL GENERALITIES

Death is addressed in some way by every group or culture. In American and European tradition, death itself is identified as the problem to be conquered. We beat death by extending life. The Eastern Buddhist tradition considers how one dies. Death itself is not viewed as a problem. Death is seen as transitional and is something to be studied, valued and experienced.

Many are concerned about the afterlife of the deceased. In some western traditions, how a person lives often decides the direction that they may go, such as heaven or hell. People cannot help their loved one's afterlife once they have died.

In some eastern philosophies, how a person lives is important, but the person's consciousness at the moment of death is most important. Family and friends may help their loved one's transition by carrying out certain religious ceremonies or rites.

There are cultural differences in the way people express grief when a loved one has died. Some cultures respond with an outward display of wailing or crying and some may be very stoic, while others may rock back and forth or get on their knees to express their pain. Each culture is made up of many sub-cultures and these sub-cultures are made of individuals with different preferences for dealing with death. Different genders may express their grief in different ways as well.

Ethnic cultures are blending into American Society. So, traditional values and practices around death and dying may change. The United States is no longer a "melting pot" it is more like a salad bowl with a large variety of ingredients.

The following general statements outlining some of the ethnic cultures surrounding death:

Hispanic tradition tends to support family and friends, including children. Time is spent with the deceased before burial. Touching, dressing and arranging are normal. Outward expressions of grief are common including crying and sometimes fainting. There is much activity and it includes all ages. Promises are made to the deceased, which are usually honored.

African Influences cover a wide range of traditions and span many generations. Generally, there is a support system of family and friends. Immediately after

death, close friends and members of the family usually gather at the home of the deceased to offer condolences and comfort the next of kin. Recent immigrants tend to have more open expressions of grief than people with longer American heritage.

Asian Communities have a variety of traditions. Basic to these traditions is respect for the deceased and his or her well-being.

Vietnamese elders want to die at home, not in the hospital or somewhere else. When a person dies, his or her body will usually be buried underground. If cremation was preferred, the family will comply.

Cambodian and Lao elders want to be at home with their family when they die. However, cremation is most often preferred over burial. Ashes are sometimes kept in the family home.

H'Mong elders want to be at home and with their family when they die. Traditionally, they prefer burial.

Jewish behavior is guided by two basic principles. All laws and customs for treating the dead are meant to ensure that the body is treated with respect and dignity. Jewish faith and culture strongly support the emotional needs of the mourners and the wellbeing of those who survive. The burial usually takes place within 24 hours. The body is washed and someone stays with the body throughout the night.

Protestant American traditions tend to not want to get other family members or friends involved. You might hear them isolate their feelings in a crisis. They often try to “protect” others from knowing the truth, particularly the children.

All people regardless of their cultural background may be sensitive or reactive to those around them when a loved one dies, regardless of circumstances surrounding the death.

VARIOUS PRACTICES OF RELIGIOUS GROUPS REGARDING DEATH

JUDAISM (CONSERVATIVE)

- Death occurs when respiration and circulation are irreversibly stopped and no movement is apparent.
- Extraneous talking and conversation about death are not encouraged unless initiated by the patient.
- Someone should be present when death occurs.
- The body is not left alone until buried.
- The body should be untouched for 8 to 30 minutes when death occurs.
- Medical personnel should not wash the body but may at the family's request.
- Only orthodox persons or Jewish Burial Society should care for the body. (This can also be done by a Jewish Funeral director designated by the community.)
- Mirrors may be covered to indicate that death has occurred.
- Orthodox Jews do not approve of autopsies.
- Organ donation is acceptable to most Jews.
- Cremation is unacceptable to Conservative Orthodox Jews.
- The body should be buried as soon as possible, within one or two days.

ROMAN CATHOLIC CHRISTIANS

- Sick people are anointed with oil by a priest. The purpose of this sacrament is for healing and for strength to endure suffering.

- People are also anointed at the time of death. The term “Last Rites” is not used.
- A priest should be contacted as soon as imminent death is apparent. It can also be done as soon as possible after death has occurred.
- Religious medals, rosaries, etc. can be pinned onto the garment of the patient.
- Organ donation and autopsies are permitted.
- The nurse attending to the death of the patient should note in the care plan that the sacraments of anointing was given.

EASTERN ORTHODOX CHRISTIANS

- Last rites are obligatory
- A priest should be notified while patient is still conscious
- Autopsies and organ donations are not encouraged
- Cremation is discouraged

OTHER CHRISTIANS

- Most denominations view prayer and the reading of scripture important at the time of death
- Clergy may be notified if requested by the patient or family
- Family members and lay persons are encouraged to pray at the time of death
- Views on autopsies and organ donation vary, however, most would accept these practices

MUSLIMS

- Cremation is forbidden.
- Burial is within 24 to 48 hours.

- Modesty of the sick and dressed should be preserved.
- Body should be prepared by a Muslim according to tradition.
- It is contrary to Muslim tradition to “wail.” It is believed that the deceased is punished because of the family’s wailing.

NATIVE AMERICANS

- Customs vary widely depending on the tribe and to the degree that the family practices.
- Some tribes have designated people who prepare the body.
- Be sensitive to touching and moving the body.
- Ask family and other staff for more information.

DRESS CODES IN HOSPITALS, NURSING HOMES AND HOSPICES

All institutions have rules and regulations. As volunteers, it is imperative that we are familiar with the rules and regulations of the institutions where we serve. The healthcare environment is one where hygiene is of paramount importance. It behooves us to care for ourselves and practice proper hygiene when serving close to others.

Here are some general rules that would ensure appropriate attire:

- ✓ Do not wear tight, formfitting clothing.
- ✓ Do not wear low cut necklines.
- ✓ Avoid T-shirts with emblems and slogans as an outer garment.
- ✓ No gang-related attire.
- ✓ Do not wear see-through or revealing clothing.
- ✓ No shorts.
- ✓ No strong lotions, colognes, oils, etc.

For women:

- ✓ Dresses or skirts should fall below the knee.
- ✓ Avoid attire that reveals underwear straps. (Some institutions ban sleeveless dresses and blouses for this reason.)
- ✓ No strong, lotions or perfumes, oils, etc.
- ✓ Modest make-up

Generally speaking, wear attire that is appropriate in the business world. Ordained or licensed ministers should wear civic attire.

“A good volunteer will follow institution rules, even if they seem to make no sense. One unruly volunteer can destroy an entire program by not obeying the rules.”

WHEN DO VOLUNTEER CHAPLAINS WEAR BADGES?

As a Volunteer Chaplain, you will be issued an Identification Card and a Chaplains Badge. These are the property of the Chaplaincy and may be revoked if your conduct is not acceptable by the Organization. We ask that you read, review and adhere to the rules regarding this article. They are as follows:

- ✓ Keep ID cards and Badges with you at all times.
- ✓ Present ID cards to institutions as requested.
- ✓ Do not hang ID cards around your neck.
- ✓ Wear ID Badges, if permitted by institutions where you are serving (hospitals, prisons, jails etc.)
- ✓ Do not wear your Badge in public places (airport, supermarkets, parties, picnics, etc.)
- ✓ Wear Badges at official functions where Chaplains are present.
- ✓ Do not wear Badges at church unless there is a specific function involving Chaplains.
- ✓ Badges can be worn during training classes, United Covenant Chaplains conferences, graduation ceremonies, etc.

If you are not sure when to wear your Badge...ASK!

RESOURCES USED

Hospice of New York Volunteer Training Manual, 2011, LLC

<http://oldfashionedliving.com/dying.html>

<http://www.livestrong.com/article/83661-difference-between-hearing-listening/#ixzz1sLDzUUTN>