

FAMILY LIFE MINISTRY

SMARTBOOK

CHBOLC

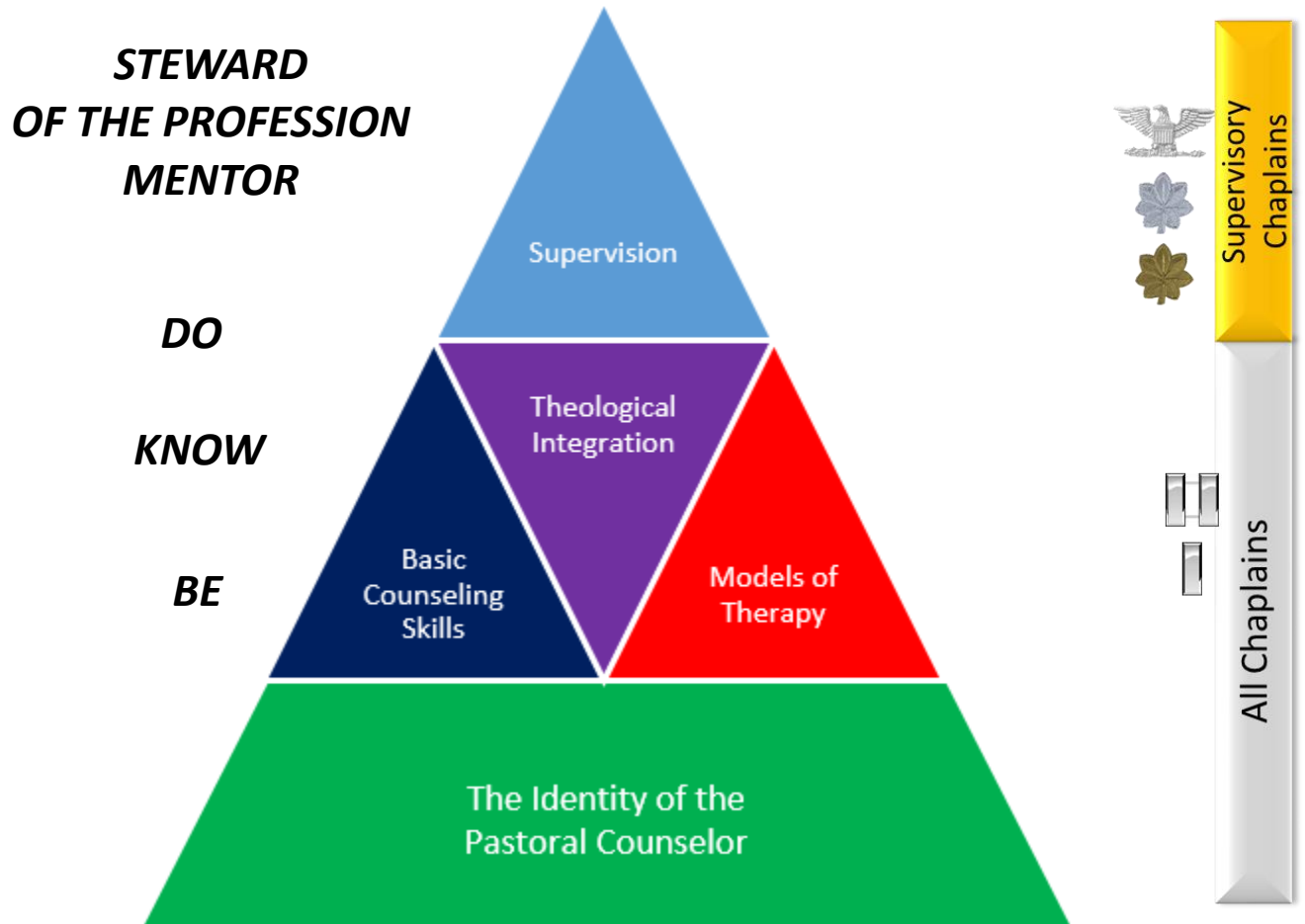


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TRAINING PASTORAL COUNSELORS



The Pastoral Counselor Development Model

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

Develop Pastoral Counselor Identity

1. Examine theological beliefs.

- Reflect on the nature of humanity
- Reflect on the nature of the Divine
- Reflect on Sin / Dysfunctional Behaviors
- Reflect on Forgiveness & Reconciliation
- Reflect on Good & Evil
- Reflect on Suffering

thē-ōl' ə-jē

theology: n., pl. -gies. 1. The study of the nature of God and religious truth; rational inquiry into religious questions, esp. those truths posed by an organized religious community. 2. An organized, often formalized, body of opinions concerning God and man's relationship to God. 3. A course of specialized religious study.

noun usage:

Theology is the science of living blessedly forever.

(William Perkins)

Theology is doctrine or teaching of living to God.

(William Ames)

2. Identify elements of the Army Profession most relevant to the development of the Chaplain Identity.

- CH 3- think about “Chaplain as trusted counselor”
- CH 4- think about “Chaplain as honorable servant”
- CH 5- think about Chaplain as an expert pastoral counselor”
- CH 6 – think about “Chaplain as a steward of the profession”
- CH 7 – think about “Chaplain as spirited leader”

3. Identify elements of the Army Ethic and the Code of Ethics for Chaplains of the Armed Forces most relevant to the development of the Chaplain Identity.

- Examine: the US Constitution, Title 10 US Code, Just War Tradition, Law of War, Values, Creeds, UCMJ, Golden Rule.
- “provide for ministry to all military personnel and their families...” therefore I must have a plan to take care of everyone
- “respect the beliefs and traditions of... those to whom I minister...” therefore I must remain calm, respectful, and polite to everyone
- “I will maintain a disciplined ministry...” therefore I must grow and develop through continual discipline, study, and learning
- “I will hold in confidence any privileged communication...” therefore I will not break confidence
- “I will not proselytize...” therefore I will trust and respect my God’s work in their life, in God’s time and according to his plan.

4. Develop empathy.

- *Check ADP 6-22 (JULY 2019)*
- ... required of leaders ... not sympathy
- ... leads to deeper understanding
- ... nurturing close relationships

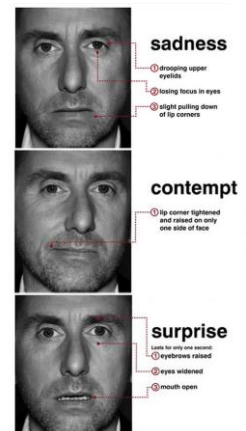
Emotional Intelligence in Religious Affairs



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

Emotional Intelligence Skill Building:

- Learn to recognize emotions in yourself; *practice mindfulness*
- Learn to recognize emotions in others;
observe body language and facial expressions
- Learn to manage your stress and calm yourself down
- Learn how to express difficult emotions appropriately
- Learn how to express intimate emotions
- Learn how to stay proactive and calm with difficult people
- Bounce back from adversity



Successful Pastoral Counselors integrate emotional intelligence skills and are able to quickly build trust by demonstrating a calm, empathetic, and connected disposition with the other. This builds trust and is at the heart of the Army Profession, solid leadership, and Chaplain Identity.

[Brene Brown on Shame & Empathy](#)

[Brene Brown on Empathy v. Sympathy](#)

[Brain Games Episode: Watch This \(3:50\)](#)



Apply the Principles of Privileged Communications and Confidentiality



Confidential Communication: Any communication to a chaplain or Religious Affairs Specialist, or chaplaincy support personnel given as a:

1. Formal act of religion or as a matter of conscience.
2. It is Communication that is made in confidence to a chaplain acting as a spiritual advisor or to a Religious Affairs Specialist aiding a spiritual advisor.
3. Communication not intended to be disclosed to third party persons in any context, legal or otherwise.

Military Rules of Evidence (UCMJ), section 503, defines communication to clergy or their assistant as privileged, and therefore, for all intents and purposes, Chaplains under Title 10 orders operate under “absolute confidentiality”. Title 32 chaplains follow the rules of their state law on mandated reporting. Within the chaplaincy, privileged communication is called “Confidential Communications” and according to AR 165-1, 16-2:

- Applies to all Religious Support personnel
- Is the right of everyone and extended beyond death
- Cannot be broken without express, voluntary consent, and only after the communication is expressed to the chaplain
- Cannot be broken with an “informed consent” clause prior to the session
- Applies to files and records
- Is not relevant to supervisor / supervisee relationships

When in doubt, consult your supervisory chaplain and your local staff judge advocate. Do not make a decision to break confidentially on your own.

Assess a Potential Counselee

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



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

Refer Counselees to Appropriate Agency

When to refer Soldiers:

- The issue is outside of your scope of practice or boundaries
- You are not trained on a particular issue
- Personal issues arise
- The Soldier requests referral
- There are specific limitations set by your military endorsing agent



Where to refer Soldiers:

- Social Work Services / Mental/Behavioral Health Professionals
- Family Advocacy Program (FAP)
- Sexual Assault Prevention Coordinator
- Family Life Consultants: civilian counselors
- Army Community Service
- Medical and Legal services
- American Red Cross
- Military OneSource
- Chain of Command
- Off post professionals



Chaplains are not normally trained to treat domestic violence, suicidal, personality or mood disorder(s), or homicidal ideation. Consult with your chaplain supervisor or Family Life Chaplain prior to treatment in these cases.

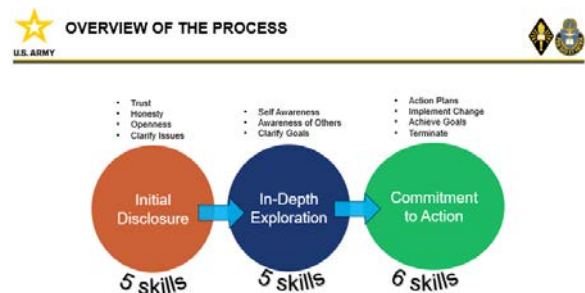
Remember the primary rule of all helping professionals:

DO NO HARM !

Basic Counseling Skills

Counseling: is an empirically informed interactive process of applying interventions and measuring results that leads to change in behavior, beliefs and values, and/or level of emotional distress.

Using Welfel and Patterson's "[Multi-theoretical Integrative Approach](#)" to counseling, employ these skills:



Demonstrate Attending in counseling: Paying careful attention to the other person's words, body language, physiological response, and actions demonstrated by: posture, facial expression, eye contact, position to the other, and expression of calm curiosity.

Demonstrate Genuineness in counseling: Being as you seem to be, consistent over time, dependable in the relationship.

Demonstrate Unconditional Positive Regard in counseling: Caring for another without setting conditions for one's caring. Avoiding any hint of the message, "I'll care about you if you do this." Demonstrating genuine graciousness.

Demonstrate concreteness in counseling: Using clear language to describe the other's life situation so the other feels heard exactly.

Demonstrate advanced empathy in counseling: The ability for a counselor to perceive and gives voice to the client's intended (and often unspoken emotional) message. It often answers the question: "What is the deeper feeling they aren't talking about?"

Demonstrate Immediacy in counseling: The ability to provide feedback about one's inner experience of the counseling relationship at any given moment.

Demonstrate Confrontation in counseling: The skill to calmly and accurately verbalize discrepancies, contradictions, or omissions expressed in the clients words or actions.

Demonstrate reframe in counseling: Explaining the client's behavior and to change the client's frame of reference in a therapeutic direction.

Demonstrate Role Play in counseling: A clinical intervention where the counselor brings into the present (and into the therapy room) the events of the past or the events the client anticipates as future possibilities.

Generate Clinical Counseling Goals: The ability for the client to create specific, measurable, achievable, realistic and time-bound objectives related to changing or addressing the presenting issue.

Develop Clinical Counseling Action Plans: The ability for the client to take what they want to do (goals) and determine the ways (action verbs) and means (things needed) to do it.

Encourage Change in thinking, beliefs, or level of emotional distress: A skill where the counselor uses language 'expecting' or 'anticipating' change.

Assess Progress in Counseling: The process where a counselor explores a client's success and failure with the plan for change.

Reward Progress in Counseling: An intervention where the counselor praises a client's success, however small.

Terminate a clinical counseling relationship: A deliberate process of concluding a counseling relationship involving noting success, developing a plan for relapse, encouraging growth, and saying 'goodbye'.

COUNSELING RESOURCE

Lewis E. Patterson and Elizabeth Reynolds Welfel. *Counseling Process 4th Edition*. 1994.

Essentials of Systemic Pastoral Counseling

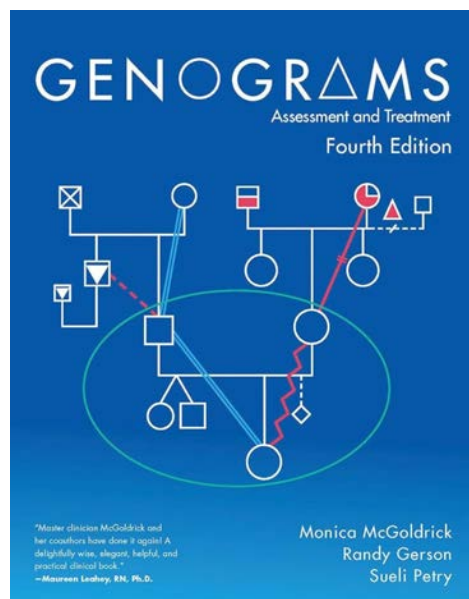
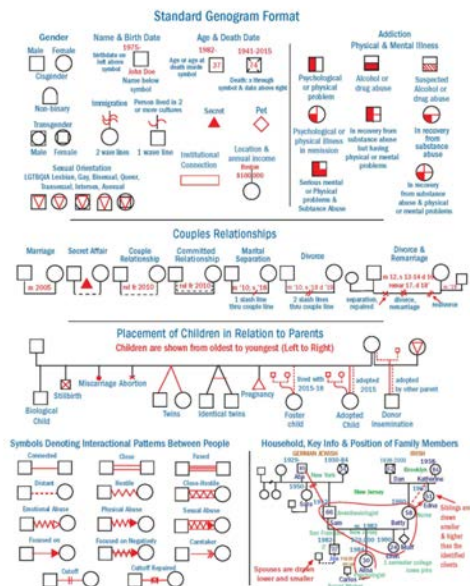
Systems, including couples and families have:

- Structure-** parts that are directly or indirectly related to each other
- Behavior-** processes that fulfill its function or purpose
- Interconnectivity-** complex connections between structures and behaviors

Competent systemic counselors consider this and treat the system, not the 'problem person'. *Change happens when family members:*

- **understand** their dynamics / interaction patterns
- **realize** the dynamics / interaction patterns are the problem
- **stop** old patterns that hinder progress
- **start** new patterns of interaction that enable change

Systemic counselors use interventions such as: Genograms, reframing problems as a family problem, using rituals and ordeals, family sculpting, and circular questioning. Use the key below by Monica McGoldrick to create a genogram. For more information on how to complete a genogram visit: OliveME Counseling, www.olivemecounseling.com/blog/genogram



Overview of Couples Collaborative Therapy - BONUS

This material is not covered in CHBOLC. **This is bonus material.** Google Search - Collaborative Couples Therapy for more information and watch YouTube videos.

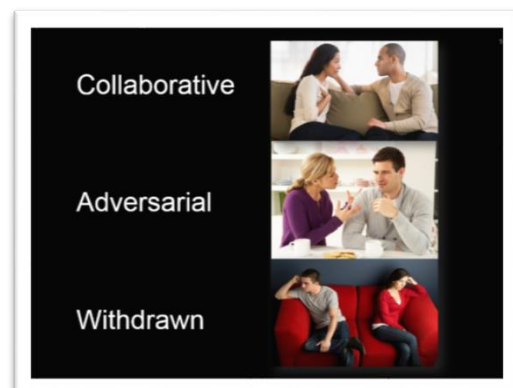
“We don’t solve the problem (what they fight about), we help solve the moment (how they talk about it)” – [Dan Wile](#)

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

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

CCT Interventions:

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



Solution-Focused Brief Therapy

Guiding Assumptions:

- Solutions are co-created
- Counselees are resourceful
- Counselor's focus is on solutions
- God is already active in the client's life
- The counselee is the expert and defines goals
- The counselee is not the problem, the problem is
- Task is to help client do something different
- Complex problems do not demand complex solutions
- Details of complaint aren't needed; they focus on the problem, you help them focus on solutions.
- Finding Exceptions helps create solutions



Solution-Focused Interventions

- Joining: empathy, respect, and genuineness
- Usefulness Question
- Coping Questions
- Miracle Question
- Scaling Questions
- Reframe
- Exception Finding
- Externalizing
- Compliments
- First Session Homework

The Miracle Question: The purpose of this question is to poll for the specific behaviors that would be part of the solution. The wording is important, so stick to the "script" on the Miracle Question.

"Suppose when you go to sleep tonight, a miracle occurs and the problems that brought you here today are solved.

Since you are sleeping, you don't know that a miracle has happened and that your problem is solved. What do you suppose you will notice different the next morning that will tell you there has been a miracle?"

Reference:

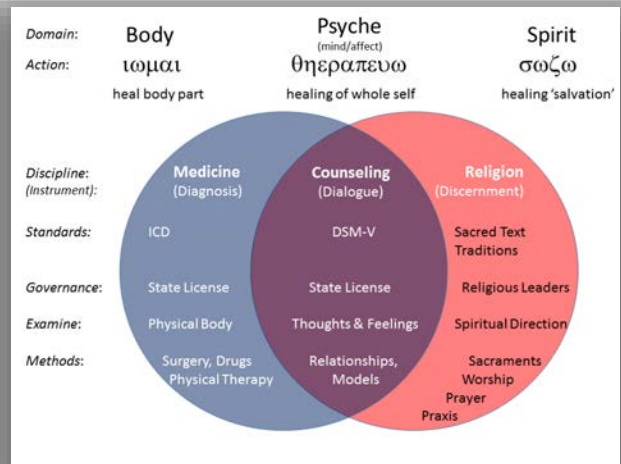
Institute for Solution-Focused Therapy, <https://solutionfocused.net/what-is-solution-focused-therapy>

Perform Pastoral Counseling

Pastoral Counseling looks a lot like “Spiritual Direction”; it isn’t quick neither is it prescriptive.

If they need guidance, perform advisement. If they’re in a crisis, perform crisis counsel. If the problem affects most areas of function, they don’t see a solution, or it’s a past area of struggle, then offer Pastoral Counseling.

Cooperate and integrate with other helping professionals by means of networking and referrals.



THE “BE, KNOW, DO” OF THEOLOGICAL INTEGRATION

BE

Pastoral, Calm, Present, Compassionate, Respectful
Curious, and Courageous.

KNOW

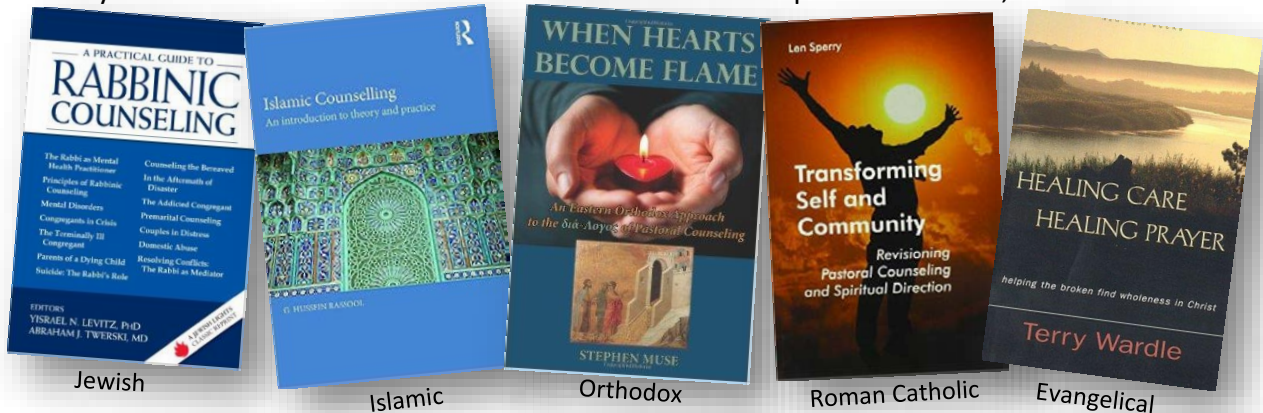
Your Theology & Client’s Theology
Models that fit you and your client
When to get help (Case Consultation)
When to refer

DO

Facilitate Pastoral Conversation
Ask Questions
Offer Religious Services (Prayer, Rites, etc.)
Integrate: You, Client, and Model



Search your denominational resources for a well-researched pastoral models, such as:

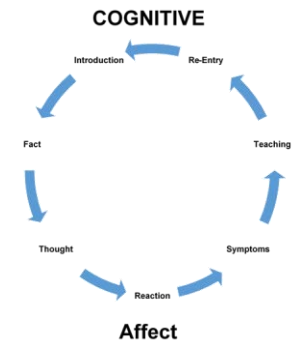


Provide Religious Support in Conjunction With Traumatic Event Management Activities

TEM is a process lead by medical or behavioral health personnel for an individual or group exposed to a potentially traumatic event (PTE) that delivers a flexible set of interventions specifically focused on stress management for units and Soldiers following a PTE.

The purpose of TEM is to:

1. Quickly restore and enhance unit cohesion and effectiveness.
2. Reduce short term emotional and physical distress.
3. Prevent long term distress and burnout.
4. Safeguard future effectiveness, happiness and unit and family well-being.



Chaplains Can Help in the TEM Process by:

- Train and coordinate with BH and medical staff Identify Soldiers exposed to trauma.
- Provide Calming Presence
- Make referrals
- Offer pastoral counseling
- Offer prayer
- Offer Rites
- Offer Sacraments
- Provide for basic needs
- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught Soldier(s).
- Help Soldier(s) express their immediate needs and concerns.
- Offer practical assistance and information to help Soldier(s) address their immediate needs and concerns.
- Connect Soldier(s) to support networks including family and friends, unit chaplains or and behavioral health providers, as requested.
- Support positive coping efforts, encouraging the Soldier(s) to take an active role in their recovery.



Pastoral Crisis Counseling

“...crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms.”

TYPES OF CRISIS

- Developmental – Life Transitions
- Deprivation – Loss or Grief
- Situational – Illness, Move, Job
- Integrational – Threat to Life’s Goals, Dreams, Faith, and Security
- Anticipatory – Mid life

CRISIS MANAGEMENT PRINCIPLES

- Immediate Intervention
- Taking Action
- Avert a Catastrophe
- Foster Hope
- Provide Support
- Help Select a Course of Action
- Instill Self Reliance



CHAPLAIN DISPOSITIONS

- Calm
- Compassionate
(They determine what a crisis is, not us; avoid inadvertent invalidation)
- Hopeful

Pastoral Care for Victims of Sexual Assault and Domestic Violence

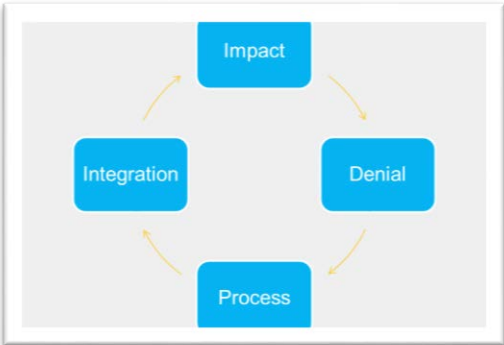
Sexual assault and domestic violence **are crimes** and it exists in our ranks. Chaplains provide pastoral care and counsel for victims of these crimes and sometimes, for the alleged offender. While skills and knowledge are needed, and we will cover these today, more than anything chaplains need to have a calm, non-judgmental, and compassionate presence. After that, we need to be ready to engage other helping professionals in order to help the victim begin the healing process. Chaplains play an important role in helping survivors understand their options of restricted and unrestricted reporting. **UMTs will not report incident unless the victim asks them to report and releases them to do so in writing.**

If Victim Decides NOT to report, UMTs:

- Encourage medical treatment
- Inform why reporting is important
- Describe avenues for Confidential Reporting

Appropriate Responses:

- Advise to seek medical treatment if not already done.
- Reassure that they are not to blame.
- Be sympathetic to the intense emotions about the situation.
- Normalize emotional response/reaction: It is ok to feel emotional, angry, sad, confused.
- Help process the emotions, access coping skills and resources.
- Help integrate experience and return to normal functioning
- Make a referral if they need any longer term counseling
- Refer to support group/specialized care center/legal center

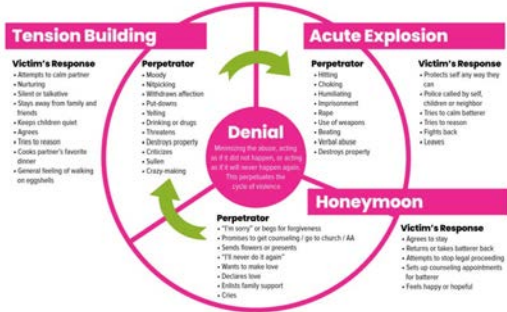


Sexual Assault Recovery Phases

“SPIRIT” Care Protocol

- Setting a supportive environment
- Partnering for success
- Information & Resource sharing
- Restoring the person to life
- Integrating the new experience into her/his identity
- Thinking theologically about sexual assault or Domestic Violence

Understanding the Cycle of Violence



Cycle of Abuse

Pastoral Grief Counseling

Humans are wired for grief when faced with loss. Fighting grief leads to pathology. Help them mourn in a safe, non-judgmental, compassionate environment.

Bereavement is a state caused by a significant loss such as death.

Grief is an emotional suffering caused by death or another form of bereavement. It is a *process* with a variety of thoughts, feelings, and behaviors.

Mourning is the outward expression of grief and bereavement.

Experiences during Grief

- Denial, Shock, Numbness
- Anger, Blame, Resentment
- Confusion, Disorganization
- Depression, Emptiness
- Relief, Release
- Acceptance, Reorganization

Types of Loss that Trigger Grief

1. Loss of a person
2. Loss of external objects
3. Loss of some aspect of self
4. Developmental Loss

Strategies for Caring for Grieving People

1. Make time
2. Create a safe place
3. Don't take their grief away
4. Let them lean on you
5. Encourage them to remember
6. Normalize
7. Express genuine interest
8. Use Active Listening, Empathy, and Open-ended Questions
9. Don't promise what you can't deliver
10. Look for comforting words, songs, scriptures
11. Encourage not to make major decisions
12. Welcome widows/widowers to talk about God
13. Be present



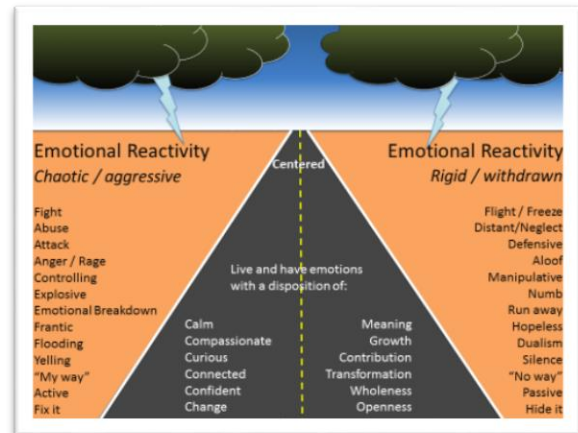
Provide Religious Support to Combat Stress

Casualties

PE

Signs and Symptoms of Combat Stress

| | |
|---|--|
| Stuck Soul-sick Numb No meaning in life Fake Imposter Fear of being exposed Divided Guilt | Ill, diseased, physically sick Hiding who you are Burned out Exhausted Going through the motions Hollow on the inside No much feeling, except perhaps anger Shame |
|---|--|



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

Chaplain Facilitated Healing Strategies

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

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

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

Essential experiences: truth telling, [mindfulness](#), courage, reclamation of devalued or dissociated internal parts, and reconnection with self, community, and the Divine (See Dr. Richard Swartz, Dr. Sue Johnson, Dr. Terry Wardle).

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

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