

# RURAL CLERGY AND HOLISTIC CARE

## *A St. Louis-Based System Trains Religious Professionals to Provide a Wide Range of Services*

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Rural America finds itself caught in an ever-deepening health care crisis.<sup>1</sup> The closing of light industry and family businesses causes young people to migrate to cities and suburbs.

Because those who remain tend to be elderly and unemployed and/or uninsured, they further strain the resources of already-struggling rural hospitals and clinics. Meanwhile, the financial difficulties faced by these hospitals and clinics tend to make them unattractive to physicians, nurses, and other medical professionals. As a result, rural people receive less and less care.

One response to this crisis is a movement to recruit religious professionals to help provide services formerly given by medical professionals. One writer, Mary Lynn Dell, MD, has suggested that rural clergy are ideally placed to deliver certain health and social services, including health education.<sup>2</sup> Rural clergy already serve as religious and spiritual "family practitioners," Dell writes. Because they live and work among their parishioners, rural clergy often understand them and their problems better than hospital personnel can.

However, if rural clergy are to perform such services, it is imperative that they receive the training and support they will need. In the Midwest, one source of this training and support is BJC HealthCare, St. Louis, and its Community-based Clinical Pastoral Education program. The program, which has been a significant success, is currently sponsored by Spiritual Care Services at BJC's flagship institution, Barnes-Jewish Hospital, St. Louis.

### THE PROGRAM

The BJC program was launched in 1995 on the recommendation of BJC's Spiritual Care Council,

a group comprising representatives of the spiritual care departments throughout the system's integrated network of more than 100 health care delivery settings. Since its founding, the program has helped sponsor a large number of community health-related projects in rural Missouri, Illinois, and Iowa.

Trainees in the program are drawn from among clergy and other "natural caregivers" in rural locations lying at least 50 miles outside St. Louis. (To meet the needs of urban students, the city has seven training centers accredited by the Association for Clinical Pastoral Education or ACPE.) In most traditional CPE programs, students commit themselves to from 10 to 13 weeks of intensive training in a medical center. But this is not possible for many people in rural areas. To meet their needs, the BJC program adjusts training to fit students' locations and schedules. For example, a current group of students has chosen to gather in a central Illinois town, where they will meet most Tuesdays over a period of six months. Other groups choose other locations and schedules. (Four to seven students typically make up a group.)

Applicants for CPE training are screened for the appropriateness of their educational goals and their ability to undertake what will be an intensive process of professional development and personal exploration. Those accepted as students will undergo the equivalent of one unit (400 hours) of ACPE-accredited training. (Professional chaplains are usually graduates of four-unit programs.) The BJC program fee is \$550, paid in most cases paid by the student's denomination.

A typical training day in the BJC program is held in a local church or meeting hall. It begins with a student-led prayer, followed by several pastoral-work seminars in which students present



and receive feedback on actual recent pastoral situations. These sessions are followed by others in which students discuss assigned reading and such topics as theological reflection, spiritual assessment, and communication skills. Later, they gather for an interpersonal relations group to study group dynamics and are given advice concerning their educational goals. Students conclude the day by meeting privately with their program supervisor.

A lack of reliable, trustworthy local support is often cited as one of the liabilities of rural caregiving. To address that problem, the BJC program includes what it calls a "CORE group component" (CORE stands for "consultant, observer, reflector, evaluator"). The CORE group consists of four or five people whom each student picks from the student's community to provide objective feedback on and support for his or her ministry. This feedback occurs in twice-weekly meetings attended by the student, the CORE group, and, on occasion, the student's supervisor. These sessions frequently help the student identify, understand, and address health-related pastoral situations involving parishioners and the larger community. At the same time, they show CORE group members how they can best support the student.

### RELIGION AND HEALTH

Research has shown that church parishes can play a pivotal role in their parishioners' health. In one study, a group of people with musculoskeletal disabilities was asked how they were able to continue to perform their normal activities despite those problems; all credited their spiritual lives with giving them needed strength and resilience.<sup>3</sup>

Another study involved rural breast cancer survivors who were trained to protect themselves from recurrence of the illness through self-examination and mammography. The training resulted in significantly increased screening activity in the study area, and this success was partly attributed to the fact that the program was based in and encouraged by the church to which many of the participants belonged.<sup>4</sup>

A third study explored the meaning that a group of rural people attached to certain unconventional remedies for arthritis. The researchers

found that while members of the group were generally skeptical about the remedies' effectiveness, the language they used was heavily freighted with such terms as "faith," "transformation," "communion," "self-help," and "spiritual healing."<sup>5</sup> The study suggested that religion and religious ideas remain important in rural America, and, because they do, can themselves have a therapeutic effect in the treatment of rural people.

Despite such findings, health care providers have been slow to forge formal links with rural churches (except for using local clergy as volunteer chaplains in small rural hospitals).<sup>6</sup> Now, with the success of programs such as BJC's, the situation will perhaps begin to change.

### SOME COMMUNITY HEALTH PROJECTS

The BJC program requires each student to, first, research the health and wellness needs in his or her community, and, second, design a project that will address one of those needs. In designing the project, the student is advised by his classmates, CPE supervisor, and the members of the CORE group. Once the design is completed—usually at the end of the program—the student

### Brenda Pehle's Story

Brenda Pehle, a graduate of BJC's Community-based Clinical Pastoral Education program, is the parish life coordinator for St. Joseph's Catholic Church in Lebanon, IL. For St. Joseph's, which has no full-time priest, Pehle oversees the budget, building use and upkeep, and the liturgical roster. She also supervises religious education, sacramental preparation, and visitation of the sick and homebound, and represents the parish on the local ministerial alliance.

Pehle, the first parish life coordinator in the Diocese of Belleville, IL, of which St. Joseph's is a part, was appointed to her post in 1993 by Bishop Wilton B. Gregory, who is now archbishop of Atlanta.

Pehle credits the BJC program with helping to prepare her for parish work, especially visits to the sick, dying, and bereaved. As a BJC program student, she developed as her community health project a partnership with nearby McKendree College, a Methodist institution. Under the terms of this partnership, McKendree students with work-study scholarships can pay back loans by doing seasonal yard work, such as mowing lawns and shoveling snow, for local disabled and frail elderly people.



implements the project in his or her community.

Over the past 10 years, the nearly 200 people who have been program students have launched an impressive number and variety of grassroots projects. Among these projects are:

- *Piedmont, MO* A BJC program student discovered that residents were concerned about a high pregnancy rate among local adolescents. As one solution to the problem, he organized a campaign to build a \$300,000 youth center that included a basketball court, equipment for a variety of other recreational activities, and private rooms in which youth could be counseled.

- *Quincy, IL* A program student led the creation, in a local cemetery, of a garden dedicated to the memory of aborted and stillborn children and victims of sudden infant death syndrome.

Another Quincy student led an effort to establish and staff a facility offering affordable housing for family members of patients who travel long distances to receive treatment in the local hospital.

- *Marion, IL* A student organized a series of workshops intended to educate people about childhood asthma and the need for families of such children to have disease-management plans. Whitfield's workshops were cosponsored by a local church, community center, and chapter of the American Lung Association.

- *Hannibal, MO* A student organized a training workshop and support group for families providing care in their homes for elderly members with Alzheimer's disease or other infirmities.

- *Dexter, MO* A student set up a program to recruit and train volunteer caregivers to provide respite for

families that provide care in their homes for ill family members.

- *Sikeston, MO* A student collected soil samples in an attempt to determine whether a link existed between agricultural pesticides and a high incidence in the area of respiratory infections and skin rashes. Local newspaper coverage of the effort led to further research into the health care

implications of farming practices in the area.

- *Richview, MO* A student organized a network of phone callers to make daily calls to frail, homebound elderly people; some homebound elderly were provided with special phones, enabling them to do the calling.

- *Kennett, MO* A student reorganized an existing adolescent-drug-and-alcohol-abuse-prevention program to include the offices of the sheriff and the county judge, the ministerial alliance, and a counseling center, thereby making local treatment and prevention more effective.

- *Centralia, IL* A student organized an effort involving one local church's large kitchen facility and another church's group of volunteer cooks, thereby creating a soup kitchen for the poor, a critical need in a town that had recently lost major employers.

- *Canton, MO* A student noted that her church was used by many of the area's homeless as a place to take shelter from bad weather, wash themselves, and visit with each other. She arranged for social work and nursing students from the local university to come to the church and offer their services to visiting homeless people.

- *Vergennes, IL* A student organized shelter, counseling, and legal aid for local Asian women who found themselves married to abusive men.

- *Murphysboro, IL* A student helped a struggling African-American congregation find a church building. He also helped organize an outreach and mentoring program for alienated African-American males in the community.

While researching their communities, BJC program students frequently learned that local information systems weren't working well. In *Sandoval, IL*, for example, a student discovered that the residents who most needed various forms of assistance did not know where to find it even when it was available. He persuaded county health and social services agencies to release monthly bulletins publicizing such aid. In *West Frankfort, IL*, a student found that food and clothing contributed to a site for poor people was, in fact, often siphoned off into the local drug economy. He developed a software program with which churches, social service agencies, and service clubs could monitor the donation and dis-

In Kennett, MO, a student reorganized a drug-and-alcohol-abuse program.



tribution of charitable goods.

Dwindling economic power and population have made life particularly difficult for the elderly in rural communities. In *Cape Girardeau, MO*, a student worked with several local churches to reinvigorate their sense of ownership in a nursing home they had founded, especially through visits by parishioners to home residents. In *Mount Union, IA*, a student helped organize a grief support group at a local long-term care center. This led to the creation of a program in which center residents befriended newcomers and helped them feel at home there, as well as to an outreach effort by the center to frail, elderly people who needed nursing home care but were frightened by myths about such homes.

#### EVALUATION

BJC program students are evaluated by the supervisor and the CORE group in the general categories of pastoral reflection, pastoral formation, and pastoral competence. As for specific skills, the training is designed to improve a student's ability in such areas as:

- Articulating his or her theology
- Employing his or her own religious heritage and personal history in serving as a spiritual caregiver and compassionate listener
- Incorporating in his or her work a conceptual understanding of communication theory, family systems, and faith development

Near the end of their training, the students write evaluations of their own work, which they discuss with their colleagues and with the supervisor. Students frequently describe their program experience as "life changing," because it has helped them drop unrewarding and alienating habits, gain confidence in their sensitivity and compassion, and risk more assertive behaviors and deeper pastoral relationships.\*

Today's hospital systems take seriously their responsibility for community service and educa-

## Members of rural communities are best placed to help those communities.

tional outreach. We believe, however, that BJC HealthCare and Barnes-Jewish Hospital are unique in their effort to bring together health care and spiritual care in the Community-based Clinical Pastoral Education program. The program develops and enhances the expertise of professionals who, because they are members of rural communities, are best placed to help those communities. Through the program, BJC HealthCare is faithful to its mission to "improve the health of the communities we serve." ■

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#### NOTES

1. See *Health Progress*, March-April 2004, pp. 14-35 and 50-53, for a special, eight-article section on the crisis and responses by Catholic health care organizations to it.
2. M. L. Dell, "Religious Professionals and Institutions: Untapped Resources for Clinical Care," *Child and Adolescent Psychiatric Clinics of North America*, vol. 13, no. 1, January 2004, pp. 85-110.
3. K. Faull, M. Hills, G. Cochrane, et al., "Investigation of Health Perspectives of Those with Physical Disabilities: The Role of Spirituality as a Determinant of Health," *Disability Rehabilitation*, vol. 26, no. 3, 2004, pp. 129-144.
4. D. O. Erwin, T. S. Spatz, R. C. Stotts, et al., "Increasing Mammography Practice among African American Women," *Cancer Practice*, vol. 7, no. 2, February 1999, pp. 78-85.
5. T. A. Arcury, W. M. Gesler, and H. L. Cook, "Meaning in the Use of Unconventional Arthritis Therapies," *American Journal of Health Promotion*, vol. 14, no. 1, September-October 1999, pp. 7-15.
6. See M. B. Blank, M. Mahmood, J. C. Fox, et al., "Alternative Mental Health Services: The Role of the Black Church in the South," *American Journal of Public Health*, vol. 92, no. 10, October 2002, pp. 1,668-1,672.

\*BJC's Community-based Clinical Pastoral Education program is currently conducting a study of program outcomes. Focus groups comprising former students and CORE group members are discussing the program's impact on both participants and their rural communities.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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