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CHANGE, CHALLENGE & TRANSFORMATION

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This first-ever comprehensive book, Multifaith Perspectives in Spiritual & Religious Care (**Multifaith SRC**), is overall about emerging trends in organized Multifaith spiritual and religious care, chaplaincy in Canada since the post WWII era.

A must read for all chaplains, spiritual care practitioners, clergy, pastors, psychotherapists, pastoral counselors and educators. The book is also an excellent resource for caregiving professionals who deal with any of the areas of training or practice, such as, screening, assessment, intervention and outcome in any sector. ... More about the book, on page 19.

Aim and Scope of the Book: CMF invited a diverse group of scholars/practitioners from Canada, UK and USA to

submit original chapters for the book. Response was tremendous and quick. These contributions were integrated into a comprehensive single volume. The content is organized in five sections:

- 1: Remembering the Past, Reflecting on the Present, and Envisioning the Future
- 2: Chaplaincy by Sector
- 3: Key Topics in SRC
- 4: Faith-based Chaplaincy
- 5: Resource Guide Supplement
- 78 original and ground-breaking chapters
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- Ten sectors or types of SRC-Chaplaincy represented
- Forewords by Elaine Nagy, President Canadian Association for Spiritual Care/Association Canadienne de Soins Spirituels (CASC/ACSS), & Rabbi Ron Weiss, Director of Chaplaincy Services, Jewish and Family Services (JF&CS).

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Contents at a Glance by Sections

TIMELINE OF CANADIAN MULTIFAITH SRC, CHAPLAINCY: THE FIRSTS, 12

Section 1 Remembering the Past, Reflecting on the Present, and Envisioning the Future, 21-130

1A Evolution of Organized Multifaith Spiritual & Religious Care, 22-66

1B A Day in the Life of a Chaplain in the Multifaith Environment, 67-82

1C The Present and Future Directions of Organized SRC, Chaplaincy, 83-130

Section 2 Chaplaincy by Sector, 131-241

2A Community Chaplaincy, 132-136

- 2B Educational Chaplaincy, 137-165
- 2C Whole Person Health Care, 166-184
- 2D Criminal Justice & Public Safety Chaplaincy, 185-232

2.E Armed Forces Chaplaincy, 233-241

Section 3 Key Topics in Spiritual & Religious Care, 242-421

3AThe Intersection of Chaplaincy and Diverse Community, 243-258 3B The Intersection of Chaplaincy and Criminal Justice & Public Safety, 259-284 3C The Intersection of Chaplaincy and Whole Person Health Care, 285-373 3D The Intersection of Chaplaincy and Civic Engagement, 374-382 3E The Intersection of Chaplaincy and Professional Healing Presence, 383-421

Section 4 Faith-based Chaplaincy, 422-542

4A Anglican, Orthodox, Roman Catholic, 423-433 4B Buddhism, 434-461 4C Hinduism. 462 4D Humanism, 463-476 4E Indigenous Spirituality, 477-484 4F Islam, 485-502

4G Jainism, 503—504 4H Judaism, 505-513 4I Multifaith, 514-522 4J Reformed Protestant, 523-529 4K Salvation Army, 530-535 4L Sikhism, 536-539 4M Wiccan, 540-542



Epilogue: On Getting From Here To There -- Topics for Further Research, 543-555 Section 5 Resource Guide Supplement, 556-686

Appendices:

- Appendix 1:
 Canadian Multifaith SRC Bibliography, 1972-2019, (700 resources), 626

 Appendix 2:
 International (Non-Canadian) Multifaith SRC Bibliography, 1972-2019 (300 resources), 649

 Appendix 2:
 Canadian Catalogue Catalogu
- Appendix 3: Canadian Faith-based Organizations (Spiritual, Religious, Humanists, etc.), 660
- Appendix 4: Canadian SRC Websites (includes Associations & Organizations), 661
- Appendix 5: Multifaith SRC Canadian & International Journals, and Journal Finder, 662
- Appendix 6: Canadian SRC-Related Websites (includes Associations & Organizations), 663
- Appendix 7: Canadian Interfaith/Multifaith Organizations & Campus-based Multifaith Groups, 663
- Appendix 8: Terminology matters: What is Multifaith? 664
- Appendix 9: Glossary of Terms, 666
- Appendix 10: Canadian SRC Job Title Variants, 669
- Appendix 11: Canada's Occupational Classification (+ links to USA, UK, Australia, Sweden, Netherlands), 669
- Appendix 12: Educational requirements for SRC jobs in Canada, 669
- Appendix 13: Church/Denominational Affiliations of Schools, Canadian.[R], 670
- Appendix 14: Academic Programs in Canada for SRC and Allied Professions (A brief survey), 670
- Appendix 15: Using Relevant Keywords for Research in Chaplaincy Types by Sector, 672
- Appendix 16: Chaplaincy Types by Sector, Global Samples And a Thesaurus of Indexing Terms, 673
- Appendix 17: History of Multifaith SRC in Canada, Some Milestones, 676
- Appendix 18: CMF's Spiritual & Religious Care Awareness Week: Ideas, Quiz, Scheduling temperate, 681

About the Authors, 687-692 Index, 693-700

Chapters at a Glance by Genre or Form

Anecdotes

- 5. A Day (Provincial Corrections), 67
- 6. The Meaning (Correctional Service Canada), 70
- 7. My day-to-day (multifaith hospital chaplain), 72
- 8. A Day (Interfaith Spiritual Care Provider), 73
- 9. A "Typical" Day in the Multifaith Centre, 74
- 10. Day in the life: Diary of a Spiritual Care Intern, 75
- 11. 'A typical day' (healing power listening ear), 76
- 12. In Pursuit of the (Campus), 77
- 13. A Day (Campus, Hospital), 79
- 14. A day in the lives of a Chaplaincy Team, 81
- 29. Mental Health ... Story-Keeper, 181
- 34. The Stories (Provincial Corrections), 214
- 35. A Chaplain's Tale, 217

Best Practices

- 19. Multifaith Centre at a major sporting event, 132
- 44. Interventions in Disasters, 259

Case Study

- 30. Self-appropriation: How To Become Better, 185
- 37. Faith and Disasters, 224
- 39. Chaplain's Role in a Fire Department, 230
- 48. Strategies of Resistance, 277
- 49. Rationale for Religious Accommodation, 283
- 52. Spiritual Struggles in Severe Mental Illness, 307
- 54. Spiritual Resistance Receptivity, 327

Clinical Research

- 27. Reduced Distress ... Dysregulation, 166
- 71. Multi-dimensional Buddhist Chaplaincy, 434
- 82. Islamic Spiritual and Cultural Care, 490

Evidence Based

- 16. Discerning Spiritual Care in a Time of Change, 99
- 28. Inspiring Hope: Addressing Fear, 174
- 51. Understanding what sustains, ... dementia, 293
- 62. The Role of Spiritual Care Practitioners, 392
- 72. Spiritual Care (Religious Minorities), 445

Narrative

- 26. Manjit Singh, Keeper of the faith, 164
- 57. Culture and Spirituality at the End of Life, 351
- 60. Virtual Pilgrimage, 376
- 61. Working With Diversity, 383
- 73. Buddhist Chaplaincy Face-to-Face, 454
- 76. Humanist Chaplaincy, University Of Toronto, 463
- 77. Humanist Chaplaincy (Oxymoron), 467
- 88. Jewish Genres: A Guide or Our Lives, 507
- 89. Jewish Campus Chaplaincy, 512
- 91. Hospitality: Three Cultures of Care, 517
- 92. Gospel Grounds for a Multifaith Practice, 523
- 95. Polytheist Among the Atheists, 540
- 108. From Egypt To Canada, 593
- 109. Journey to Hospital Chaplaincy, 595

Personal Observations

- 2. Future of the Chaplaincy, 59
- 3. One Chaplains Perspective, 61
- 4. Chaplaincy Challenges And Crises of The 90's, 64
- 20. Diversity at St. Mary's (Catholic high School), 137
- 21. Catholic School: Creating a Horizon, 138
- 31. A Caring Person in an Uncaring Place, 192
- 32. Why I Am No Longer a Prison Chaplain, 201
- 33. Two Decades in Prison: The 1980s And 1990s, 211
- 40. Chaplains: A Voice for the Alienated, 233
- 42. Spiritual Care Needs of a Transgender Person, 243
- 46. The Job of Khronos Just Be There, 273
- 47. Multifaith Chaplaincy in Policing, 275
- 53. Using Spiritual Sonar (Depths of Dementia), 317
- 59. The Golden Rule Poster: tool for Spiritual Care, 374
- 67. Migrating from 'Chaplaincy' to 'Spiritual Care' 416
- 69. Drawing Living Water: Orthodoxy & Chaplaincy 423
- 74. Buddhist Chaplaincy, 460
- 78. Cultural Identity ... Promotion of Healing, 477
- 79. Indigenous Pathways to Mental Wellness, 482
- 81. Islamic Chaplaincy in Canada, 488
- 83. Healing and Spiritual Health, Islamic Tradition, 497
- 85. Chaplaincy in Jainism: Care Requirements, 503
- 87. Faith-based SRC, Chaplaincy—Judaism, 505
- 94. Sikh Chaplaincy A New Dawn, 536
- 106. Chaplaincy Vital To Hospice, 591

Qualitative Research

- 43. Spiritual Care to Transgender People in, 250
- 50. Person-Centred Approaches, 285
- 55. Disability and Supported Spiritual Discovery, 332
- 56. Nine Principles to Guide Organizations, 338
- 70. Educating Christian Chaplains, (Multifaith), 427

State-of-the-art Review

- 1. CMF's History (Evolution of SRC, Chaplaincy), 22
- 15. Mapping Canadian SRC Articles, 2009-2018, 83
- 17. Future of Spiritual Care, 109
- 18. The Present and Future (SRC, Chaplaincy) 114

Theory/Methodology

- 22. UVic Multifaith Services A model, 140
- 23. A fresh model for university chaplaincy, 141
- 24. The Carleton Model, Campus Chaplaincy, 149
- 25. Chaplaincy, Spirituality, Student Life, 156
- 45. Police Chaplain Training, 267
- 46. Is Chaplaincy a Profession? (Revisited), 273
- 58. Grief: A Spiritual Journey of Transformation, 364
- 84. Islamic Chaplaincy & Spiritual Care Program, 501
- 93. Assessment in Courthouse Chaplaincy, 530
- 96 Epilogue (Chapter Metrics, Research Topics), 543

DETAILED TABLE OF CONTENTS

[All chapters are original, unless marked R-i.e., revised or reprinted]

TIMELINE OF CANADIAN MULTIFAITH SRC, CHAPLAINCY: THE FIRSTS, 12

PREFACE, 14 PANDIT ROOPNAUTH SHARMA

INTRODUCTION, 15 Dr. MOHAMED TAHER

FOREWORD, 18 N. ELAINE NAGY, R.P.

FOREWORD, 19 RABBI RONALD WEISS

SECTION 1

REMEMBERING THE PAST, REFLECTING ON THE PRESENT, ENVISIONING THE FUTURE Part 1A EVOLUTION OF ORGANIZED MULTIFAITH SPIRITUAL & RELIGIOUS CARE

- Canadian Multifaith Federation's History and Role in the Evolution of SRC, Chaplaincy, 22 IMAM ABDUL HAI PATEL
- Changing Function of the Chaplain and the Future of the Chaplaincy [R], 59 REV. MAURICE FLINT
- 3. The Story of Chaplaincy, One Chaplain's Perspective, 61 REV. DAVID JANZEN
- 4. Chaplaincy Challenges And Crises of The 90's [R], 64 REV. DAVID CLARK

Part 1B A Day in the Life of a Chaplain in the Multifaith Environment

- 5. A day in the life of a chaplain (Provincial Corrections), 67 JOHN ANDERSON
- 6. The Meaning Comes in Moments, Let's Talk (Correctional Service Canada), [R], 70 HELEN TERVO
- 7. Where God dwells: My day-to-day experience as a multifaith hospital chaplain, 72 RUSSELL STAGG
- 8. A Day in The Life of an Interfaith Spiritual Care Provider (Healthcare), 73 REV. SUSAN NICKEL
- 9. A "Typical" Day in the Multifaith Centre (Sports), 74 REV. Dr. DAVID WELLS
- 10. Day in the life: Diary of a Spiritual Care Intern (Hospital) [R], 75 SARAH HALL
- 11. 'A typical day' :'The healing power of a listening ear (Hospital) [R], 76 LLOYD RANG
- 12. In Pursuit of the Shimmering Thread (Campus) [R], 77 SHARON M.K. KUGLER
- 13. A Day in the life of a Chaplain (Campus, Hospital) [R], 79 MARLEEN SCHEPERS
- 14. A day in the lives of a Chaplaincy Team (Hospital) [R], 81 H C CHAPLAINS WEEK

Part 1C The Present and Future Directions of Organized SRC, Chaplaincy,

- 15. Mapping Canadian Multifaith Spiritual & Religious Care (SRC) Articles, 2009-2018, 83 Dr. MOHAMED TAHER
- 16. **Discerning Spiritual** Care in a Time of Change, 99 Dr. KELLEY RAAB
- 17. Future of Spiritual Care: A Canadian perspective on how lessons from our past can shape our future, 109

REV. DOUG LONGSTAFFE

18. The Present and Future of Spiritual Care and Chaplaincy in Canada, 114 REV. Dr. PAMELA MCCARROLL AND REV. Dr. ANGELA SCHMIDT

SECTION 2 CHAPLAINCY BY SECTOR

Part 2A Community Chaplaincy a. Sports Chaplaincy

19. The Best Practices to develop a Multifaith Centre at a major sporting event, 132 REV. Dr. DAVID WELLS

Part 2B Educational Chaplaincy

a. School Chaplaincy

- 20. Diversity at St. Mary's (Ministering to the Religious & Cultural Diversity in a Catholic high School), 137 ANNABEL MACDONALD
- 21. Catholic School Chaplaincy: Creating a Horizon of Faith, 138 Dr. MICHAEL CAIROLI

b. Campus Chaplaincy:

- 22. Working together for common good a joyful experience: UVic Multifaith Services A model for multi-faith cooperation [R], 140 LYLE MCKENZIE
- 23. A fresh model for university chaplaincy in Canada? 141 Dr. GARY THORNE
- 24. "The Carleton Model"– Change, Challenge and Transformation in a Canadian Campus Chaplaincy, 149 TOM SHERWOOD
- 25. Chaplaincy, Religion and Spirituality in Student Life, 156 TOM SHERWOOD
- 26. Manjit Singh, Director of Chaplaincy Services, Keeper of the faith [R], 164 NEALE MCDEVITT

Part 2C Whole Person Health Care

- 27. **Mental Health**-Focused Spiritual Care to Individuals with Reduced Distress Tolerance and Emotional Dysregulation, 166 Dr. GLENN A. ROBITAILLE
- 28. Inspiring Hope: Addressing Fear, Guilt and Shame in Spiritual Counselling, 174 Dr. GLENN A. ROBITAILLE
- 29. Mental Health Recovery: The Spiritual Care Practitioner as Story-Keeper, 181 DONALD SHIELDS

Part 2D Criminal Justice & Public Safety a. Corrections

- 30. Self-appropriation: How To Become Better, 185 Dr. JOHN F. DUGGAN
- 31. On Being a Caring Person in an Uncaring Place, 192 GLENN MORISON
- 32. Why I Am No Longer a Federal Prison Chaplain, 201 Dr. PAUL VANDERHAM
- 33. Chaplaincy in Ontario: Two Decades in Prison: The 1980s And 1990s, 211 CONNIE SHAW
- 34. The Stories of a Chaplain Serving in Ontario Correctional Services, 214 Dr. ARNOLD BETHUNE
- 35. A Chaplain's Tale, 217 DANIEL BAGLEY
- 36. AMAPCEO Member Profile: Chaplains [R], 223 [Feature the Work of the Chaplains in Ontario's Public Service: Correctional Services]

b. Emergency Services

- 37. Faith and Disasters, 224 ALAIN NORMAND
- 38. From the Chaplain's Desk ... [R], 228 TERRY HASTINGS
- 39. Chaplain's role in a fire department: Candidate provides spiritual support [R], 230 KEN GILL

Part 2E Armed Forces Chaplaincy

- 40. Chaplains: A Voice for the Alienated, 233 Captain RYAN CARTER
- 41. Working Towards Greater Diversity: A Blessing or a Curse? The Experience of the Canadian Military Chaplaincy [R], 236 Chaplain Major-General GUY CHAPDELAINE

SECTION 3 KEY TOPICS IN SPIRITUAL & RELIGIOUS CARE

Part 3A The Intersection of Chaplaincy and Diverse Community

- 42. Understanding the **Spiritual** Care Needs of a Transgender Person, 243 THEODORE ROBINSON
- 43. Providing Pastoral Care and Spiritual Care to Transgender People in Chaplaincy Settings, 250 ARTHUR DAVID CANALES

Part 3B The Intersection of Chaplaincy and Criminal Justice & Public Safety a. Emergency Services

44. The Spiritual Needs and Interventions in Disasters, 259 NICOLAS EL-KADA

b. Law Enforcement

- 45. Police Chaplain Training, 267 GARY SCREATON PAGE
- 46. The Job of Khronos Just Be There : Understanding Spiritual Care in Public Places, 273 PHILIP D. SOVDI
- 47. Multifaith Chaplaincy in Policing, 275 SHAYKH IMRAN ALLY

c. Corrections

- 48. Strategies of Resistance: Comparison of Anabaptism and Rastafarianism, 277 DONALD STOESZ
- 49. Rationale for Religious Accommodation, 283 DONALD STOESZ

Part 3C The Intersection of Chaplaincy and Whole Person Health Care

a. Long Term Care

50. Spiritual Caregiving in Long-term Care Settings: Person-Centred Approaches, 285 SHERYL REIMER-KIRKHAM, SONYA SHARMA, AND BRENDA CORCORAN SMITH

b. Mental Health

- 51. Entering a Different World: Understanding what sustains, supports and connects the spiritual resources of those living with dementia, in a multi-cultural context, 293 JANE KUEPFER, THOMAS ST. JAMES O'CONNOR, BAVLY KOST AND AYSE ERENAY
- 52. Spiritual Struggles in Severe Mental Illness: Towards an Integrative Approach in Religious/Spiritual Care, 307 FLORENCE A. JUMA
- 53. Using **Spiritual** Sonar to Map the Depths of Dementia, 317 MARJORIE WOODBRIDGE

c. Spiritual Health

- 54. Spiritual Resistance and Spiritual Receptivity, 327 REV. Dr. MARY ANN BLAKSLEY
- 55. Disability and Supported Spiritual Discovery: Accessibility, Holism & Autonomy, 332 ANDREW DAVID TERHOCH
 - d. Palliative Care

- 56. Nine Principles to Guide Organizations in Supporting Spiritual Care at End of Life, 338 PAUL HOLYOKE AND BARRY STEPHENSON
- 57. Culture and Spirituality at the End of Life, 351 GLEN R. HORST, GERRY OLEMAN AND LAWRENCE T. CHEUNG
- 58. Grief: A Spiritual Journey of Transformation, 364 NICOLAS EL-KADA

Part 3D The Intersection of Chaplaincy and Civic Engagement

- 59. The Golden Rule Poster: An ingenious tool for Spiritual Care, 374 PAUL MCKENNA
- 60. Virtual Pilgrimage as a Pathway to Spiritual Renewal in the 21st Century, 376 Dr. ANN MACDONALD

Part 3E The Intersection of Chaplaincy and Professional Healing Presence

- 61. Working With Spiritual, Religious And Cultural Diversity, 383 Dr. KELVIN F. MUTTER
- 62. The Role of Spiritual **Care** Practitioners in Providing Support to Healthcare Professionals in Clinical Settings, 392 RABBI RENA ARSHINOFF
- 63. Wondering If It's Time To Give Up: A Case Example of the 7 by 7 Model for Spiritual Assessment [R], 399 Dr. GEORGE FITCHETT
- 64. The Self Care Mandate [R], 406 Dr. PETER L. VANKATWYK
- 65. Is Chaplaincy a Profession? An Old Question Revisited, 410 TOM SHERWOOD
- 66. Styles Of Caring: The Helping Style Inventory [R], 412 Dr. PETER L. VANKATWYK
- 67. Migrating from 'Chaplaincy' to 'Spiritual Care' CAPPE at the UHN: An Impediment to Care? [R], 416 NIK BEESON
- 68. Religious Diversity: Practical Points for Health Care Providers [R], 418 JOHN EHMAN

SECTION 4 FAITH-BASED SRC, CHAPLAINCY

Part 4A Anglican, Orthodox, Roman Catholic

- 69. Drawing Living Water: Orthodoxy & Chaplaincy in Canada, 423 PAUL G. BLAIR
- 70. Educating Christian Chaplains for Multifaith Ministry, 427 Dr. GLORIA J. WOODLAND

Part 4B Buddhism

- 71. Multi-dimensional Buddhist Chaplaincy, 434 ROSE MINA MUNJEE
- 72. How to Communicate Complex Spiritual Care Practices of Religious Minorities Using Empirical, Clinical Language: "Proof of Principle" Field Research from Vajrayāna Buddhism, 445 BHIKSHUNI LOZANG TRINLAE
- 73. Free Radical : Buddhist Chaplaincy Face-to-Face, 454 VENERABLE GAWA KHANDRO
- 74. Buddhist Chaplaincy, 460 REV. ZENJI NIO

Part 4C Hinduism

75. Hindu Chaplaincy in Canada Prison system, 462 PANDIT ROOPNAUTH SHARMA

Part 4D Humanism

- 76. Humanist Chaplaincy at the University of Toronto ethical philosophy in a multifaith and multidisciplinary setting, 463 MARY BEATY
- 77. Humanist Chaplaincy: An Evolving Oxymoron, 467 Dr. MARTIN E. SHOEMAKER

Part 4E Indigenous Spirituality

- 78. Cultural Identity is Vital to the Promotion of Healing, 477 CINDY CROWE
- 79. Biigajiiskaan: Indigenous Pathways to Mental Wellness: Cultural and Spiritual Appropriate Care That Honours the Guswenta, 482 RO'NIKONKATSTE (STANDING STRONG SPIRIT) – BILL HILL

Part 4F Islam

- 80. What is Chaplaincy [R], 485 IMAM HABEEB ALLI
- 81. Islamic Chaplaincy in Canada, 488 IMAM Dr. ABDUL HAI PATEL
- 82. Islamic Spiritual and Cultural Care Professionals in Clinical Settings, 490 IBRAHIM J. LONG, NAZILA ISGANDAROVA AND AMBER HAQUE
- 83. Healing and Spiritual Health in the Islamic Tradition, 497 Dr. ABDULHAMID HATHIYANI
- 84. Islamic Chaplaincy & Spiritual Care Program, 501 IMAM Dr. HAMID SLIMI

Part 4G Jainism

- 85. Chaplaincy in Jainism: Adequate and Appropriate Spiritual and Religious Care Requirements for Jains, 503 PRAKASH MODY
- 86. Jain Perspective on Restorative Justice [R], 504 PRAKASH MODY

Part 4H Judaism

- 87. Faith-based Spiritual Care Chaplaincy—Judaism, 505 RABBI GEOFFREY HABER
- Jewish Genres: A Guide or Our Lives, 507 RABBI DAVID ELLIS
 Jewish Campus Chaplaincy, 512 RUSSELL STAGG

Part 4I Multifaith

- 90. Toward a definition of legitimate religions [R], 514 RICHARD M. LANDAU
- 91. Hospitality: A Common Theme between Three Cultures of Care in Health Care, 517 REV. Dr. DEBRA ORTON

Part 4J Reformed Protestant

92. Gospel Grounds for a Multifaith Practice of Spiritual and Religious Care, 523 REV. Dr. JAMES CHRISTIE

Part 4K Salvation Army

93. Spiritual Assessment in Courthouse Chaplaincy, 530 JAMES B. PURVIS

Part 4L Sikhism

94. Sikh Chaplaincy – A New Dawn, 536 INDERJEET SINGH

Part 4M Wiccan

95. Polytheist Among the Atheists: Reflections of a Wiccan University Chaplain, 540 SAMUEL WAGAR

96. Epilogue:

On Getting From Here To There -- Topics for Further Research, 543 Dr. MOHAMED TAHER

SECTION 5: Resource Guide Supplement, 556-687

5A. SRC Competencies and Related Resources

97. CMF's Multifaith Competency Screening Certification for the Work of the Spiritual Care, Chaplaincy CMF's Multifaith Competency, 556

Canadian Multifaith Federation

- 98. SRC, Chaplaincy Job Requirements that include CASC & CMF' Competencies: A Sample, 559 Dr. MOHAMED TAHER
- 99. Competencies of CASC/ACSS Certified Professionals 2019 [R], 566 THE CANADIAN ASSOCIATION FOR SPIRITUAL CARE / ASSOCIATION CANADIENNE DE SOINS SPIRITUELS (CASC/ACSS)

5B. Study Guide

100. Questions for Review, Discussion & Application (Chapter-by-Chapter), 570

5C. Resources for SRC Chaplaincy as a Profession (Education, Training, and Career)

- 101. Workshop Outline for Chaplains and Spiritual Caregivers Sensitivity to Multi-faith Issues A do-it-yourself workshop outline for chaplains and spiritual care-givers [R], 585 SHARON GRANT & PAUL MCKENNA
- 102. TCDSB Policy Register Chaplaincy Program H.S.09 [R], 588 TORONTO CATHOLIC DISTRICT SCHOOL BOARD
- 103. Role of the Chaplain:
 - a. Hospital Chaplaincy [R], 589 THE CATHOLIC ARCHDIOCESE OF EDMONTON
 - b. Canadian Armed Forces (CAF) [R], 589 NATIONAL DEFENCE
 - c. Pediatric Chaplaincy [R], 589 Miracles and Pediatric Chaplaincy, CRCNA Chaplaincy **and** Care
- 104. 5 Types of Chaplaincy [R], 590 ERIKA MILL
- 105. How to start a chaplaincy [R], 591 AMERICAN HUMANIST ASSOCIATION, THE HUMANIST SOCIETY
- 106. Chaplaincy Vital To Hospice [R], 591 SHARON HILLMAN
- 107. 'These aren't conversations people normally have' [R], 592 UNIVERSITY HEALTH NETWORK, TORONTO
- 108. From Egypt To Canada: Abier El-Barbary Joins MGH's Inter-Faith Spiritual Care Team [R], 593 ELLEN SAMEK
- 109. Journey to Hospital Chaplaincy [R], 595 BONNIE BUCHER
- 110. Spiritual care myths and facts [R], 595 WATERLOO WELLINGTON SPIRITUAL CARE WORKING GROUP
- 111. Choosing a career in Chaplaincy: 8 steps to take [R], 596 SAMUEL BLAIR
- 112. Application for the Position of Volunteer in the Spiritual Care Department, 598 REV. AJITH VARGHESE

5D. SRC, Chaplaincy Reflections:

- 113. Quotes about spiritual and religious care, Chaplaincy, 600
- 114. Celebrating Chaplaincy, Ontario Chaplains' Conference, Sparrow Lake, November 5 8/1990 [R], 602 Dr. ARNOLD BETHUNE
- 115. A Statement on the Roll, Relationship And Responsibilities of Faith Communities And Governments From A Faith Perspective [R], 607 Dr. ARNOLD BETHUNE
- 116. Jainism, Daslakshan and Paryushan Parv (reflection) [R], 607 Dr. RAJ PATIL
- 117. Spiritual & Self Care Reflection Questions [R], 608 Rev. JOELLYNN MONAHAN
- 118. Three Prajñā s Theory of reflection [R], 609 Dr. MONICA SANFORD

5E. Spiritual Care Tools (General)

- 119. Standards of Professional Practice (SOPP's): Spiritual Care Team (SCT) [R], 610 WAYPOINT CENTRE FOR MENTAL HEALTH CARE
- 120. Weekly Supervision: Spiritual Care Practitioners [R], 613 WAYPOINT CENTRE FOR MENTAL HEALTH CARE
- 121. Spiritual Care Supervision [R], 614 WAYPOINT CENTRE FOR MENTAL HEALTH CARE
- 122. Screening the Spiritual Needs of Palliative Patients, their Families and Caregivers [R], 615 WATERLOO WELLINGTON SPIRITUAL CARE WORKING GROUP
- 123. Mysticism Scale-Research Form D [in The construction and preliminary validation of a measure of reported mystical experience.] [R], 616 Dr. RALPH W. HOOD
- 124. Grief: A Spiritual Journey of Transformation: Worksheets, 617 NICOLAS EL-KADA

5F. Spiritual Care Practice Tools Spiritual Care (Assessment, Screening, Intervention)

- 125. The Chaplain and the Hospital Patient: A Typical Pattern for the Beginning of an Initial Visit [R], 618 JOHN EHMAN
- 126. Spiritual Distress in Patients: A Guideline for Health Care Provider [R], 620 JOHN EHMAN
- 127. Types of Leading in Pastoral Interactions [R], 621 JOHN EHMAN
- 128. Patient Needs, Chaplain Functions, and Outcomes for Study [R], 622 Dr. Gordon Hilsman
- 129. Spiritual needs assessment [R], 625 Dr. KATHLEEN GALEK
- 130. Spiritual Assessment Tools, leads from Thomas O'Connor, 625

Appendices:

- Appendix 1: Canadian Multifaith SRC Bibliography, 1972-2019, (700 resources), 626
- Appendix 2: International (Non-Canadian) Multifaith SRC Bibliography, 1972-2019 (300 resources), 649
- Appendix 3: Canadian Faith-based Organizations (Spiritual, Religious, Humanists, etc.), 660
- Appendix 4: Canadian SRC Websites (includes Associations & Organizations), 661
- Appendix 5: Multifaith SRC Canadian & International Journals, and Journal Finder, 661
- Appendix 6: Canadian SRC-Related Websites (includes Associations & Organizations), 662
- Appendix 7: Canadian Interfaith/Multifaith Organizations & Campus-based Multifaith Groups, 663
- Appendix 8: Terminology matters: What is Multifaith? 664
- Appendix 9: Glossary of Terms, 666
- Appendix 10: Canadian SRC Job Title Variants, 669
- Appendix 11: Canada's National Occupational Classification (+ links to USA, UK, Australia, Sweden, Netherlands), 669
- Appendix 12: Educational requirements for SRC jobs in Canada, 669
- Appendix 13: Church/Denominational Affiliations of Schools, Canadian.[R], 670
- Appendix 14: Academic Programs & Courses of Study in Canada for SRC and Allied Professions (A brief survey), 670
- Appendix 15: Using Relevant Keywords for Research in Chaplaincy Types by Sector, 672
- Appendix 16: Chaplaincy Types by Sector, Global Samples And a Thesaurus of Indexing Terms, 673
- Appendix 17: History of Multifaith SRC in Canada, Some Milestones, 676
- Appendix 18: CMF's Spiritual & Religious Care Awareness Week (SRCAW): Ideas, Quiz, Scheduling temperate, 681

About the Authors, 687 NAME & SUBJECT INDEX, 693

PREFACE

Pandit Roopnauth Sharma President, Canadian Multifaith Federation

This book, **Multifaith Perspectives in Spiritual & Religious Care (Multifaith SRC)**, is an accumulation of dedicated efforts by generous and knowledgeable experts on a wide scope of subjects relating to spiritual and religious care, chaplaincy in Canada. We are sincerely thankful to these authors for their long hours and extensive research in making this book a reality in a very limited time.

Canadian Multifaith Federation (CMF) has tried to keep paramount its united concern for the individual's spirit and the diversity of their respective faith traditions and in SRC, chaplaincy in practice. That spirit and intent is reflected in the pages of the book.

Figure 1: A framework for the Multifaith Perspectives in Spiritual & Religious Care (Multifaith SRC)

The foci of the book is to present a holistic work, and hence, it depicts ideas from east and west in theory, practice, education and research. This book is not the first SRC collection of scholarly works in Canada. There have been a few in the past. What is special about this book is its comprehensiveness and its inclusiveness by accommodating mainstream and minority faith groups as well as indigenous traditions, along



with best practices in the public sector, all together in a Multifaith perspective. It is also the first comprehensive collection in terms of the authors conveying diverse perspectives about SRC service and delivery in public sector. That is, in addition to SRC, chaplaincy, the authors represent the disciplines, such as, psychotherapy, religion, spirituality, nursing, and disaster management. Most significantly fifteen faculty are contributors to this essential resource.

The framework of the book is multidimensional, and can be visualized in the above figure 1. It includes first and foremost, the deeply felt and explicit needs of the seekers of care, as documented in the chapters--by anecdotes or evidence-based knowledge. The foci as described above includes SRC from across disciplines. The authors of each chapter are practitioners, chaplains and other specialists who are all professional care providers. Interestingly, a chaplain may belong to a faith or belong to no-faith, and this diversity is well represented in the book. This is also a factor about the contributors of faith groups, by status, these are professional chaplains &/or clergy (trained &/or qualified, skilled, etc.). Irrespective of their status, they use a title, such as, Minister, Rabbi, Priest, Imam, Pandit, and Bhikkhu.

The main highpoint of **Multifaith SRC** are first, an analysis of the state-of-the-art of chaplaincy by sector and by topic, and second is a faith-based exploration. Experience and insights of the respective authors is from their work in Corrections, Social Justice & Public Safety, Healthcare, or in Education Chaplaincy. Faith-based chapters deal with chaplaincy as it evolves in a Multifaith domain and individual faiths in their respective environment.

It is our hope that this book will be the foundation for many other such works as we evolve in time and are challenged by the diversity of faith traditions and in response to human suffering in Canada.

SAMPLE ABSTRACTS



Remembering the Past, Reflecting on the Present, and Envisioning the Future

Chapter 1: Canadian Multifaith Federation's History and Role in the Evolution of SRC, Chaplaincy Imam Dr. ABDUL HAI PATEL

Abstract: Traces the beginning of organized and institutionalized Multifaith SRC, Chaplaincy. Presents a glimpse of an institutional memory using a timeline from 1947 onwards to date. It uses both, that is a documentary record and the active recollections of the change, challenge and transformation.

Chapter 7: Where God dwells: My day-to-day experience as a multifaith hospital chaplain

RUSSELL STAGG, Ph.D.

Abstract: The author related his experience as a multifaith Resident Chaplain for the Emergency, Intensive Care, and Burn Units at Calgary Foothills Hospital. Working with persons of other religions was an important spiritual act, not a challenge, in his Jewish religion. Despite differences in outlook, he felt welcomed and valued by his Christian colleagues. His most important task was taking the time to sit and listen, while inviting people to find support and comfort in their spiritual traditions. His presence reassured families making the difficult decision to discontinue life support.

Chapter 16: Discerning Spiritual Care in a Time of Change by

KELLEY RAAB

Abstract: Spiritual and Religious Care in Canada is at a crossroads. Secularization of spiritual practices is colliding with psychologizing of spiritual care, brought about by the need for greater regulation of psychotherapy alongside mushrooming of such practices as meditation and yoga as clinical interventions. Drawing upon three fictional cases, the chapter explores the unique training and scope of spiritual care clinicians. The following topics are addressed: the history of spiritual and religious care, its secularization, and the advent of psychotherapy regulation in Ontario (CRPO). Finally, the discussion turns to refinding the sacred in spiritual and religious care, in particular spiritually-integrated psychotherapy. Spiritual care clinicians are challenged to obtain the requisite training and education to provide a multifaith psychotherapeutic approach to clients.



Chaplaincy by Sector

Chapter 29: Mental Health Recovery: The Spiritual Care Practitioner as Story-Keeper DONALD SHIELDS

Abstract. The essence of this essay is to mirror for the reader the crucial ministry Chaplains provide as "story-keepers." Through deep listening Chaplains become repositories of sacred story. These stories are told to us in confidence. We hold the therapeutic potential to assist the teller in owning their story, clarifying their story, rewriting or reframing their story, and celebrating overlooked chapters of strength and courage. Our ministry offers them the potential to redeem their story and to write chapters of hope and resiliency.

Chapter 30: Self-Appropriation: How To Become Better

JOHN F. DUGGAN, D.MIN., PH.D

Abstract: This article reports on a course with federal inmates that encourages self-transcendence for people of differing faith traditions and no faith tradition. We search out what might be a shared ground to nurture desire and to seek truth, to create the good. Through what has been termed self-appropriation, the struggle to affirm and value one's own knowing and valuing, we hope to build realistic confidence in the capacity for authentic change and growth both as individuals and in communities.

Chapter 31: On Being a Caring Person in an Uncaring Place

GLENN MORISON

Abstract: Working in a penal institution brings its own rewards and challenges. Working in an institution where a majority or all of the inmates are pre-trial brings particular opportunities and obstacles. This paper will use three stories to display the kind of inter-staff engagements one can find in such a setting. These vignettes will be reviewed and analyzed and insights into more broadly usable understanding will be offered. The paper highlights the challenges in building collegial relationships.

Chapter 37: Faith and disasters

ALAIN NORMAND,

Abstract. Emergency managers have a huge job of preparing for emergencies and disasters in a context of climate change, rise in violence, increase in reach of epidemics and pandemics, and urbanization creating waste and pollution. At the same time, resources are getting scarce, inflation is putting pressure on existing budgets, and taxation is at its limit. Yet, the public expects governments to take care of them and bail them out when the worst happens. To balance the public expectation with the increase in risks and decrease in resources, emergency managers are turning to volunteerism for help. The bulk of the volunteers come from faith-based organizations.

We will present two major Canadian initiatives where faith-based organizations are at the core of the solution to the stress emergency managers are facing.



Key Topics in Spiritual & Religious Care, 242-421

Chapter 42: Understanding the Spiritual Care Needs of a Transgender Person

Reverend Deacon THEODORE ROBINSON, B.Th.,

Abstract: Spiritual care has changed immensely over the last few decades, moving from a strictly religious chaplaincy to a multi-faith spiritual health focus, including a consideration of gender and sexuality. One of the least understood areas of the gender spectrum is being transgender. Finding yourself in the wrong body that you feel you should be in can be crippling and brings issues such as gender and body dysphoria. The visibility of the transgender community is increasing exponentially and it is important for those in the Spiritual Care field to understand the unique needs of this community. The following chapter is written from my personal perspective, both as a spiritual care practitioner and a transgender male, while taking into account the stories given to me by others within the community.

Chapter 43: Providing Pastoral Care and Spiritual Care to Transgender People in Chaplaincy Settings

ARTHUR DAVID CANALES

Abstract. This chapter addresses pastoral care and spiritual care as individual components to help better serve transgender people in various chaplaincy settings. The chapter begins with broadly discussing transgender and transgender issues. Then the chapter moves to address moving beyond the typical binary roles of female and male and introduces the term "intersex." Next, the chapter unfolds into the main discourse of the chapter, principally, the care given by both pastoral caregivers and spiritual caregivers toward transgender people. Finally, a pastoral/spiritual care vignette demonstrates the attitude and demeanor that pastoral and spiritual caregivers would be wise to utilize. This chapter is concerned with helping transgender people in the midst of their struggles and suffering, and treating them with the dignity and respect that they deserve and should expect in chaplaincy settings.

Chapter 52: Spiritual Struggles In Severe Mental Illness: Towards an Integrative Approach in Religious/Spiritual Care

FLORENCE JUMA, PhD, RP

Abstract. This chapter is a discourse of evidence-based strategies in addressing spiritual struggles with clients living with a diagnosis of severe mental illness (SMI). By examining three cases, I present a combination of approaches that complement religious/spiritual disciplines in treatment. These are designed for work with clients who express inner conflict and struggles between their faith and the symptoms of schizophrenia spectrum disorder.

Clearer understanding is likely to lead to effective integration of therapeutic models and spiritual disciplines, including, prayers, meditation, reading of Scriptures and communal worship. This strategy has proven helpful for clients in their attempts to adhere to treatment and manage their symptoms. The chapter presents a cumulative case study of clients drawn from a spectra of Christian faith traditions with shared beliefs and practice in distinct spiritual disciplines.

Chapter 53: Using Spiritual Sonar To Map The Depths Of Dementia

MARJORIE WOODBRIDGE

Abstract: Few illnesses are more dreaded than dementia: to many, it is a disease that robs the person of everything before death. This chapter presents an alternative view showing the remaining capabilities of those with dementia by reaching deep within their long-term memory. I draw on my experiences as a participant and observer with a spiritual care group I called Soul Sessions. That group developed on a secure dementia unit during my thirteen years as multi-faith chaplain in a long-term care setting. Soul Sessions evolved through a process of trial and error, using stimulation such as singing, recitation, touch, poetry and prayer. Often this contact produced memories accompanied by emotions that ordinarily were hidden behind the façade of dementia. This, in turn, led to an appreciation of hidden structures that lay deep within each person and served to create community-building in the process. Further, encounters of this kind provided the group with opportunities to experience and share both joy and sorrow within a safe setting. Because this technique allowed illumination of the person deep within the dementia and let that person speak, I have called it Spiritual Sonar.

Chapter 55: Disability and Supported Spiritual Discovery: Accessibility, Holism & Autonomy ANDREW DAVID TERHOCH

Abstract. This is a personal reflection on the topic of spirituality and the barriers that can arise in spiritual discovery when disability is a factor in a person's life experience. This reflection explores what the author has learned about disability support relationships and their potential impact in the experience of spiritual discovery for a person with a disability. The reflection explores the sometimes essential role that the spiritual health practitioner plays to create the most meaningful, person-centered spiritual practice possible. Some content within this reflection appears in the unpublished manuscript *My Work & Beliefs as a Spiritual Health Practitioner* (Terhoch).

Chapter 56: Nine Principles to Guide Organizations in Supporting Spiritual Care at End of Life PAUL HOLYOKE, PhD² and STEPHENSON, BARRY, PhD³

Abstract: Though most models of palliative care include spiritual care as an essential element, secular healthcare organizations struggle with supporting spiritual care for people who are dying and their families. Organizations often leave responsibility for such care with individual care providers, some of whom are comfortable with this role and well supported, others who are not. We looked to hospice programs founded and operated on specific spiritual foundations to identify organizational-level practices that support high quality spiritual care that might be applied in secular healthcare organizations. Nine Principles for organizational support for spiritual care emerged. Three Principles identify where and how spiritual care fits with the other aspects of palliative care; three Principles guide the organizational approach to spiritual care, including considerations of assessment and sacred places; and three Principles support the spiritual practice of care providers within the organizations.

Chapter 57: Culture and Spirituality at the End of Life

GLEN R. HORST, GERRY OLEMAN and LAWRENCE T. CHEUNG

Abstract: Serious illness is a disruptive force in our lives that is affected by cultural context and spiritual history. The intersection of culture, spirituality, and healthcare is particularly challenging for Indigenous people, immigrants, and refugees who have experienced cultural disruption and spiritual injury through geographical dislocation and colonization. Their position between worlds affects their capacity to access and utilize the resources offered by the Canadian healthcare system. This leads to misunderstanding and frustration both for them and their healthcare providers.

Living My Culture, an educational tool for the empowerment of Indigenous, immigrant, and refugee patients and families and the development of culturally-sensitive care amongst healthcare professionals is described. The voices captured in these video-based resources are from patients, families, spiritual leaders, and healthcare professionals within these communities and guide toward respectful and inclusive care.

Chapter 58: Grief: A Spiritual Journey of Transformation

Rev. NICOLAS EL-KADA

Abstract: Grief is the obvious existential spiritual experience that every person goes through in their life. Spiritual and religious clergies, chaplains, spiritual care practitioners, counsellors and psychotherapists are the most suitable and competent professionals to support an existential experience when requested. Grief has different façades such as: spiritual, cultural, family, personal beliefs and values.

The aim of this chapter is to guide caregivers in supporting mourners who are going through a healthy and common grief. Furthermore, the purpose is to assess a complicated grief that requires a follow-up with a psychotherapist or psychologist. The outcome of this chapter has been derived from multiple professional endeavors such as: writing a literature review on grief, professional experience as a Psychotherapist and Spiritual Care Practitioner at The Ottawa Hospital, and as a professor at Saint Paul University teaching in the concentration in the Diploma of Palliative Care.

Chapter 62: The Role of Spiritual Care Practitioners in Providing Support to Healthcare Professionals in Clinical Settings

RENA ARSHINOFF

Abstract: Healthcare professionals often find themselves reacting emotionally when their patients/clients die or experience significant changes in their health status. As frontline caregivers, members of an interdisciplinary team may find themselves attached to their patients and/or families who are vulnerable in such situations.

Spiritual care practitioners are privileged to play an important role in the support of health professionals who may become forgotten mourners. When overwhelmed by such experiences, health professionals are vulnerable to compassion fatigue or even burnout. Spiritual care practitioners can play a significant role in the support of health professionals.

This chapter focuses on the practice of support for health professionals who work in clinical settings with adult patients/clients to offer opportunities for resilience and prevention of compassion fatigue and burnout. It encompasses professional grief theory, group facilitation skills, and the spiritual component of working with the ill and dying.



Faith-based Chaplaincy, 422-542

Chapter 69: Drawing Living Water: Orthodoxy & Chaplaincy in Canada

PAUL G. BLAIR

Abstract. This chapter engages the religious and spiritual taxonomies developed in the writings of American Orthodox theologian, Fr. Alexander Schmemann to evaluate the ideological foundations of spiritual care in Canadian public institutions today. In light of this appraisal, and in response to calls made by other prominent Orthodox thinkers for re-evaluating the secular paradigms informing contemporary spiritual care, this chapter also seeks to offer theological orientations for an Orthodox Christian understanding of the purpose of and basis for spiritual care, grounded in Schmemann's insights into theological anthropology, Christology, and eschatology. It proposes the necessity of incorporating a uniquely Christian sacramental dimension into spiritual care in order to make the redemptive power of the gospel accessible to those seeking spiritual support from Orthodox and other Christian chaplains.

Chapter 72: How to Communicate Complex Spiritual Care Practices of Religious Minorities Using Empirical, Clinical Language: "Proof of Principle" Field Research from Vajrayāna Buddhism Bhikshuni LOZANG TRINLAE, PhD

Abstract: How can minority religious and spiritual traditions use well-tested, critical research methods and the language of secular clinical contexts to critically convey and assess religion-specific behaviors such as group recitation of religious texts, group meditation, prayer, and traditional worship activities? A proof of principle for such a feat, using recent research investigating a Tibetan contemplative liturgical tradition of Vajrayāna Buddhism, is offered here.

After introducing some interesting authoritative canonical Buddhist conceptions of spiritual care, this book chapter will share empirical data from field research demonstrating how the Nursing Outcomes Classification (NOC) comfort status of psychospiritual ease can be used to discuss complex and private contemplative practice experience in language conventional to secular, clinical, and multifaith contexts. Indigenous and oral-tradition based spiritual traditions in particular may find this empirical approach helpful for effectively developing, delivering, and assessing spiritual care practices, interreligious discourse and collaboration, and for dispelling religious prejudice.

Chapter 76: Humanist Chaplaincy at the University of Toronto – ethical philosophy in a multifaith and multidisciplinary setting

MARY BEATY, B.Ed, MLS

Abstract: The Ontario Humanist Society (OHS) is representative of Humanist ethical communities of choice, with an established institutional history supporting deeply held ethical beliefs and principles as a 'living' creed.' The aim of this chapter is to guide caregivers in supporting mourners who are going through a healthy and common grief. Furthermore, the purpose is to assess a complicated grief that requires a follow-up with a psychotherapist or psychologist.

Chapter 77: Humanist Chaplaincy: An Evolving Oxymoron

MARTIN É. SHOEMAKER

Abstract. A Humanist Chaplain is a caregiver role but recognized by few as a service position in Canada. It can also be viewed as somewhat of an oxymoron (two connected words that appear illogical) as most Humanists do not consider themselves religious, the most recognized identity of chaplaincies. The growth of secular world views and lifestyles has brought Humanism forward as a movement that can be a community of choice and a place of service for the non-religious. Humanists, although usually non-theistic, share a number of altruistic values with most religious traditions so a multi-faith

setting is one of a few places to connect with other chaplains. Given the traditional theological education requirements of chaplains and the need for congregational support, the path to a Humanistic chaplain position is a niche that can be very fulfilling but available to only a few. This is contrasted against the increasing need to serve secular students throughout North America and Europe. Canadian based career opportunities are currently on university campuses but face significant barriers in hospitals, prisons and our Armed Forces. Overlap with other chaplains plus a few specific contributions that Humanists can make with proper training and funding are discussed. The author, a university based chaplain, believes that this role has much potential given the visible changes in society and hopes secular and religious organizations see it not as "illogical" but a role to be embraced and allied in "spiritual caregiving".

Chapter 82: Islamic Spiritual and Cultural Care Professionals in Clinical Settings

IBRAHIM J. LONG, MA, GC, NAZILA ISGANDAROVA, PhD, DMin, MSW and AMBER HAQUE, PhD

Abstract. Muslim chaplaincy services are offered in a growing number of North American healthcare, correctional, military, and educational institutions. However, many clinicians remain unaware of how Muslim chaplains can complement and enhance their clinical treatment and wellness goals for Muslim patients and clients. This chapter introduces this emerging profession; encouraging clinics and clinicians to integrate Muslim chaplains and other Islamic spiritual and cultural care professionals into their clinical services. Two of the co-authors, Ibrahim J. Long and Nazila Isgandarova, are clinically trained Islamic spiritual care professionals and draw upon their own research and experience to illuminate the role and function of Islamic spiritual care. A third co-author, Amber Haque, helps draw attention to how Islamic spiritual care professionals can (and do) work collaboratively with other care professionals to support Muslim patients and clients in healthcare and other clinical settings.

Chapter 87: Faith-based Spiritual Care Chaplaincy—Judaism

Rabbi GEOFFREY HABER, MA, DMin, DD (Hon), BCC (NAJC), CSCP (CASC), CSE (CASC), RP (CRPO). **Abstract**: The author responds to a series of questions regarding the nature of Jewish chaplaincy, the certification process for becoming a Board Certified Jewish Chaplain (BCC) and the professional nature of Jewish Chaplaincy.

Chapter 88: JEWISH GENRES: A GUIDE FOR OUR LIVES

Rabbi DAVID ELLIS

Abstract: For two millennia various iterations of Christianity, the world's numerically largest faith tradition, have practiced exclusivity with respect to other religious and spiritual traditions. However, the Christian scriptures, especially the extended Luke-Acts narrative, support a far more inclusive, even pluralist worldview, entirely compatible with multifaith religious and spiritual care.

Chapter 92: Gospel Grounds for a Multifaith Practice of Spiritual and Religious Care

Reverend Dr. JAMES CHRISTIE

Abstract: For two millennia various iterations of Christianity, the world's numerically largest faith tradition, have practiced exclusivity with respect to other religious and spiritual traditions. However, the Christian scriptures, especially the extended Luke-Acts narrative, support a far more inclusive, even pluralist worldview, entirely compatible with multifaith religious and spiritual care.

Chapter 93: Spiritual Assessment in Courthouse Chaplaincy

JAMES B. PURVIS, BA, LLB, MTS

Abstract: Chaplains are required to be competent to formulate and utilize spiritual assessments. Four spiritual history tools which could support this process (FICA, SPIRITual History, FAITH, and HOPE) are briefly profiled. The name of these tools is an acronym for several topics, and the tool provides a list of suggested questions which are grouped according those categories. Each of these four tools was created by physicians, but a more recent tool, Spiritual AIM was developed by a chaplain, for use by other chaplains. Spiritual AIM incorporates a model, from which a chaplain is to discern a client's primary spiritual need and plan the intervention to take. All of these tools, including Spiritual AIM, was developed for use in health-care settings, but chaplains who practice in other melieux might find Spiritual AIM particularly useful. The author outlines his chaplaincy work in a criminal courthouse in Toronto and profiles the communities who are served. A preliminary grid is set out, which proposes graduated levels of spiritual screening and assessment according to the depth of the relationship with the client. The author offers three brief case histories which illustrate his initial use of Spiritual AIM.

Chapter 96: Epilogue: On Getting From Here To There -- Topics for Further Research Questions for critical reflection, application and further discussion in SRC, Chaplaincy Dr. Mohamed Taher

Abstract: Presents a brief summary of the book using some significant chapter metrics. Identifies questions for further research, sector by sector, in the discipline of SRC Chaplaincy.

SAMPLE NAME & SUBJECT INDEX, 693-700

Aarons, Derrick, 629 Abdul-Razzak, A, 640 Academic Programs, 670 Adams, D. W., 648 Agapé Hospice in Calgary, Alberta, 338 Airport Chaplaincy, 626 Allard, P. 635 Allatt, P, 644 ALLI, HABEEB, 485 ALLY, IMRAN, 275 Alton, Gord, 643 Alzheimer, SRC Bibliography, 630 Anabaptism, 277, 280, 281 ANDERSON, JOHN, 67 Anderson, Lynn Jordan, 628 Anecdotes, 4 Arden, Alexandra, 24 Armed Forces, SRC Bibliography, 636.642 Armed Forces, Topics for Further Research, 547 ARSHINOFF, RENA, 392 ASSESSMENT, 88, 107, 296, 307, 359, 387, 495 Association of Hospital Chaplains. Province of Quebec, 628 Autism, 332, 337 Baetz, M, 640 BAGLEY, DANIEL, 217 Baha'i, 585 Balmer, Brice H, 628 Banerjee, A. T, 632 Baptist, 643 Baptist Chaplain, 64, 66 Baptiste, 637 Barbara Helms, 679 Bard, T. A, 632 Barnes, P, 629 **BARRY STEPHENSON, 338** Bar-Sela, G, 634 Barss K. S, 628 Barss, K. Scott, 642 BEATY, MARY, 463 Beckford, J, 635 Beckford, James A, 635 Bedard, Shirley-Anne, 647 BEESON, NIK, 416 Behman, P, 632

Beinert, Richard A, 643 Bekkedahl, M, 639 Berg, A. V, 627 Best Practices, 4 Bethune, Arnold, 34, 214, 602, 607 Beversluis, Joel, 647 Bibby, Reginald, 643 Bibliography, Canadian Multifaith SRC 1972-2019, 626 Bibliography, Non-Canadian, 649 **Bibliometrics**. 83 Biggs, Dwight, 627 BILL HILL, 482 Biro A. L. 628 BLAIR, PAUL, 423 BLAKSLEY, MARY ANN, 327 Blok, Gerrit, 43 Boisvert, Sylvie M. E, 641 Boisvert, J. A, 632 Book Chapter Metrics Research impact, 4, 543 Bracaglia, Andrea, 631 Brethren in Christ Church, 643 Brooks, F, 633 Brown, Marty, 43 Browne, Orville Antonio, 640 Bryant, C, 632 Bryson, K. 632 Buddhism, 101, 102, 132, 285, 376, 384, 434, 435, 436, 437, 438, 443, 445, 446, 449, 450, 454, 456, 459, 523, 586 Buddhist Chaplaincy, 434, 454 Buddhist Spiritual Care, 445 Bullis, R, 647 Burke, Dawn, 628 Burton L, 638 CAIROLI, MICHAEL, 138 Calvert-Koyzis, Nancy, 631 Campbell, Allison, 636 Campus Chaplaincy, 119, 149, 156, 164, 411, 467, 469 Campus Chaplaincy, See also University chaplaincy, 141 Campus, Topics for Further Research, 548 Canada. Department of National Defence, 636 Canadian (SRC) Articles, 83 Canadian Campus Chaplaincy Centre, 627 Canadian Council of Churches, 22, 25, 57, 214, 238, 514, 524

Canadian Forces Chaplain Branch, 636, 637, 642 Canadian Institute for Military & Veteran Health Research, 636 Canadian Multifaith Federation, 123 Canadian Multifaith SRC Bibliography, 626 Canadian Police Chaplains Association, 268, 269. 270. 271. 272 CANALES, ARTHUR, 250 CAPE, 100, 410 Caring for Self, 406 Carleton Model, 149, 150 Carlson, L. E, 634 Carr JC, 634, 638 Carr, Paul, 43 Carr, T, 628 Carter, John, 647 CARTER, RYAN, 233 CASC, 122, 202, 349, 383, 474, 489, 505, 566 Case study, 4 Case Study, SRC Bibliography, 642 Cassidy, A, 632 Cassin, Katelyn L.H, 636 Catholic District School, 137, 588 Cavanagh, Catherine Mary, 626 Celebrating Chaplaincy, 602 Celebration of Life, Self-care, 376 Celtic spirituality, 283 Certification, 270, 271, 390, 473, 505, 506 Chapdelaine, Guy, 236 Chaplain, Glossary, 666 Chaplaincy a Profession?, 410 Chaplaincy challenges, 64 Chaplaincy education, 467 Chaplaincy Education, Topics for Further Research. 546 Chaplaincy Program, 588 Chaplaincy Services Ontario, 23, 35, 61, 64, 65 Chaplaincy simplified, 601 Chaplaincy training, 23, 267, 273 Chaplaincy, Christianity, 423 Chaplaincy, future of, 99, 109, 114 Chaplaincy, history, See Anecdotes, 4 Chaplains week, Australia, 684 Chappel, Liz, 24, 34 Chapter-by-Chapter, Study Guide, 570 Chesser, Bonnie, 638

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Multifaith Perspectives in Spiritual & Religious Care: Change, Challenge and Transformation

For inquiries or ordering information, please contact: Canadian Multifaith Federation, 416-422-1490 <u>cmfsrc@cmfsrc.ca</u> <u>www.cmfsrc.ca</u>

Multifaith Perspectives in Spiritual & Religious Care: Change, Challenge and Transformation

Forewords by CASC/ACSS President, Elaine Nagy & JF&CS Director of Chaplaincy Services, Rabbi Ronald Weiss

This first-ever comprehensive book is about emerging trends in organized Multifaith spiritual and religious care, chaplaincy in Canada since the post WWII era.

An essential reference and resource on caregiving techniques, theory, education, and theology. It integrates chaplaincy/pastoral care theory and skills, as well as, ministry of service and ministry of presence, with the latest approaches to spiritual and religious care.

It includes details about chaplaincy in many sectors, such as, Armed Forces, Whole Person Healthcare (hospital,

mental, long term care, & hospice), Justice & Law Enforcement (police & prison), Community (sports), and Education (school & university campus). In addition it has a section on chaplaincy endorsers and faith-based chaplaincy.

A must read for all chaplains, spiritual care practitioners, clergy, pastors, psychotherapists, pastoral counselors and educators. The book is also an excellent resource for caregiving professionals who deal with any of the areas of training or practice, such as, screening, assessment, intervention and outcome in any sector.

This important volume provides powerful testimony to the richly textured multifaith tapestry of tradition and practice that informs and undergirds the provision of spiritual care in Canadian public life. **Rev. Dr. Michael J. Pryse, Bishop, Eastern Synod, Evangelical Lutheran Church in Canada, Kitchener, ON.**

This book reflects the changes and advances that have been made in the delivery of pastoral services and spiritual care over the few decades. Richard C. Singleton. Provost and Vice Chancellor of Queen's College, Faculty of Theology (former Director of Pastoral Care and Ethics, Eastern Health, NL.).

The Interfaith Healthcare Association of Manitoba is pleased to have played a part in the development of this book mapping diversity in Canada's spiritual and religious care chaplaincy. Julie Turenne-Maynard, Executive Director, Interfaith HealthCare Association of Manitoba, Winnipeg, MB.

This book about the cross-cultural Multifaith perspectives is a MUST read for students, scholars, caregiving professionals and chaplains to know the whole picture in spiritual and religious care. Harold G. Koenig, Professor of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC.

While the Canadian Multifaith Federation has made valuable contribution in other interfaith areas, publishing this manuscript on Spiritual and Religious Care Chaplaincy in Canada will be another cherished contribution. **Muhammad Shafiq, Professor** & Executive Director Hickey Center for Interfaith Studies and Dialogue, Nazareth College Rochester NY.

This is an unprecedented collection, detailing the role of a chaplain or spiritual care practitioner, but with an illuminating attention to the diversity of those roles. Nora Bond, Director of Training & Facilitation, Convergence on Campus.

Through its many voices, this book offers a vivid sense of what it means to be a chaplain in Canada today, and highlights how religious and spiritual care can bring a sense of the sacred to those who need it most. Dr Emmanuelle Poncin, Platform MS3 - medicine, spirituality, care and society, Lausanne University Hospital (CHUV), Lausanne, Switzerland.

The Interfaith Committee on Chaplaincy for Correctional Service of Canada recommends this book revealing the work of chaplains. Chaplains quietly go about their work of spiritual support bringing hope and courage to those in need. Chaplains who are the heroes of Canada! **Pastor Brian Hawes, President of IFC.**

This work is a timely contribution not only for spiritual and religious care chaplaincy but also for theological education. ... providing significant insights for students and for the faculty who will be teaching them. **Rev. Dr. J. Dorcas Gordon Toronto School of Theology, Interim Director, Toronto, Ontario.**

I can see that this is indeed a sizeable body of thoughtful writing on the part of numerous practitioners of chaplaincy, including some from the volunteer sector. Chaplain Michael Rolph, President, Canadian Police Chaplains Association.

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