



## **St. Paul Lutheran Care Team Mission Statement**

The Care Team of St Paul Lutheran Church, provides confidential, compassionate, and caring support to members of our church community. The members of this team have the opportunity to live their faith by helping others. The Care Team functions to provide friendship through presence and listening and practical support as needed.

There is a long-standing tradition within this church community of providing support to members of the congregation. The Care Team will not replace this practice, but will augment and support what is already occurring.

Some of the support services provided:

- Visitation and Companionship
- Cards and Letters
- Transportation not requiring physical assistance
- Shopping assistance
- Meals for a limited time with referrals to agencies providing meals
- Flowers
- Prayer

Part of the role of Care Team Members is holding space for members of our congregation:

- Listening and allowing the individual room to tell their story
- Offering compassion
- Providing support
- Not interpreting their story

### **IMPORTANT LIMITATIONS**

The Care Team members cannot provide nursing care in any form nor provide physical assistance with mobility or transportation. Concerns about individuals are discussed with the Pastor who may decide to contact families as needed. All acute medical situations must be handled by the community emergency response system.

### **CONFIDENTIALITY**

Confidentiality is central to our commitment to the St Paul's Care Team

- All information will be kept confidential within the Care Team
- Confidentiality restrictions apply even if you are no longer a member of the Care Team
- Confidential information is not shared with family or friends
- Discussions within the Care Team meetings with the Pastor are confidential

## WHAT TO BRING UP IN CARE TEAM MEETINGS

- You are uncomfortable about any aspect of your work with a member of the congregation.
- You have questions of any kind.

## CARE TEAM & THE PASTOR

When do members of the Care Team turn to the Pastor and also suggest to the individual that they talk to the Pastor:

- Major crisis for individuals or families
- Conflict between members of the congregation
- Disagreements or dissatisfactions which become evident to Care Team Members
- If Team Members identify problems that need professional interventions such as:
  - o Marital problems
  - o Drug or alcohol abuse
  - o Child abuse
  - o Family violence

## TRUST & BOUNDARIES

Being a member of the Care Team is a sacred trust. The work of this group needs to be embedded within the spirit. An important aspect of the work of this group is the establishment of trust within the Care Team and with the people we assist. At times there may be a need to establish boundaries or limits on what we are able to do for others,

“Trust: The moral bedrock of all human relationships. Crosses all denominations, faith does not distinguish between lay people and clergy. The amount of trust determines the degree of closeness we can achieve.”  
Rev. Rebecca Parker, Starr King (UU) Theological School, Berkeley, California

A boundary is anything that helps to differentiate you from someone else.

One problem that can potentially face members of the Care Team is confusion about boundaries. This may mean setting limits with the person we are trying to assist. These limits include: time, extent of assistance requested, over commitment.

When the question of setting limits is raised the following questions might be asked by each of us:

- o Can I set limits and still be a loving person?
- o What are legitimate limits or boundaries for members of the Care Team
- o What is someone is upset by my setting thee limits?
- o Why do I feel guilty if I consider setting limits or boundaries?
- o If I set limits am I being selfish?
- o Why is it difficult for me to hear no from other people?
- o Do I tend to want to control other people when I do not get what I want?

## WAYS OF CARING

### **Empathy**

- To care about another person and how they feel
- The ability to sense another's feelings, moods and needs
- The ability to perceive the meanings and feelings of another person and to communicate that understanding to the other person

### **Respect**

- Shows that he/she values the person's feelings, opinions, individuality and uniqueness
- Nonjudgmental
- Shows an attitude of acceptance of person; holds the person in high regard

### **Genuineness**

- Sincere, natural, spontaneous, real, open
- Not playing or going through the motions

### **Communicating in the Caring Relationship**

- Actively try to understand the world of this person and communicate this understanding
- Ability to focus intently on another person, listen actively, paraphrase feelings, ideas, and intentions of this person

### **Nonverbal Communication**

- Selection of the meeting location to provide comfort and privacy
- Keeping posture open, attentive, and facing the person
- Eye contact
- Tone of voice, speed of speech (slow and soft)

### **Verbal Communication**

- Focus on listening rather than talking
- Try not to interrupt
- Get rid of distractions
- Look at the person
- Search for main point, both thoughts and feelings, the person is trying to convey
- Listen intently
- Respond reciprocally
- Clarify and confirm ideas
- Explore world from person's point of view

## Visitations: Hospital, Nursing Home, Rehabilitation Center, Home

- Call First:

The patient may have had a difficult treatment or testing, or may have experienced lack of sleep, etc.

- Show up and possibly bring something (small plant, church newsletter, something seasonal, photos, card, child's artwork, a notebook, a book). Check before bringing flowers; some cannot have flowers and some may be allergic.
- Do not stay too long: Frequently 5-10 minutes is enough for someone who is acutely ill. Do not stay if there are private conversations taking place. Make several brief visits at different times of the day; share visiting responsibilities if the situation is complex or ongoing. Respect the individual's need for privacy and rest.
- Educate yourself about the medical situation in general.
- Be attentive; talk to the person; sit in a place where you can be seen. Make a connection by listening and asking questions.
- Use physical gestures to show you are caring: touching, holding hands, hugging.
- Be observant – does the person have what they need close to them?
- Understand the person's feeling of not wanting to be "the host"; feeling that they do not have anything to offer at the time. Encourage, but do not give false assurances. Have a sense of humor
- Can you be an advocate?
- Be prepared to bring a reading or poetry, if there is an interest.
- Plan the next visit if appropriate. Ask the person if they would like something special – favorite music, favorite snack?
- What does the family need at this time? Is there a continuing role for members of the Care Team