

Verbatim

Chaplain: Dwelver Webb

Hospital: Wesley Woods

Unit: 3

Verbatim: #3

Date of Visit: 04/17/2018

Date Written: 04/20/2018

Ethnicity: Euro American

Age: 38

Length of encounter: 45

Encounter: #1

Background: The encounter occurred on B unit of Wesley Woods's hospital. Wesley Woods is a psychiatric stabilization facility. It has 2 units of psychiatric care, unit A houses patients that are in crisis and experiencing severe disorganization in their mental cognition and unit B house patients who are in crisis, but are less disorganized in their mental cognition. The patient was on unit B, in care team clinical rounds the attending Physician shared the history of the patient before she entered the room. The patient had been a victim of sexual abuse as a child, physical abuse in her current relationship, by both the boyfriend and mother. The patient had tragically lost her 15 year old son to suicide after he was bullied. There is also a history of suicide in patient's family. During the care team clinical rounds the patient had a flat affect, as she share her story she appeared stoic. When asked why she did not cry, she stated that "crying was a sign of weakness." The patient is disabled and lives separate from her boyfriend but continues to return to the resident that he shared with his mother. This caused some concern for the care team, because it was a pattern of behavior. The encounter occurred during our one on one. The patient and I spoke in the group room, because she had a roommate and did not feel comfortable speaking in front of her

Preparation: After the care team clinical rounds I returned to the office and re-read some of the information on grief and re-read some pages in "The Skilled Pastor". I wanted to make sure that I was present with this patient. I also thought about the assessment tool that I would use to attempt to draw her out and get her to openly share her experience. I natural flow towards the conversational model and listen for care gates that may open up. I copied some information on grief that I would share with her if she showed an interest. Then I went back to the unit.

Observations: We entered the group room, several of the chairs in the room had been moved to form a circle. The patient sat down and I pulled a chair so that I would be positioned in front of her. I was thinking about the book "The Skilled Pastor" Taylor presents his model of present skills, (a) attending, (b) responding (c) assessing. I focused in on attending, and the three parts of this stage. (a) Positioning (b) observing (c) listening. It was important for me to communicate that I was attentive and ready to listen. I noticed that she was playing with her fingers very attentively, it appeared that she did not want to make eye contact.

Location: Wesley Woods Unit B, room 06-A

C: chaplain

P: P

We entered the group room, the chairs were in a circle, the patient sat down and I pulled a chair to position myself directly in front of her. She sat silent for a moment, and did not make eye contact.

C1: You appear to be nervous, are you okay?

P1: Yes, (she continues to fiddle with her fingers.)

C2: (She appeared to be so bottled up, I sat quiet for a moment as my mind turned over different words to say to draw her out. I leaned in and rested my elbow on my knee, then engaged her.) I want you to know that I heard you in rounds today, when you stated that crying was a sign of weakness. I am curious as to why you believe that crying is a sign of weakness.

P2: Well, my boyfriend told me that. (She sat back in the chair and looked me in the eyes briefly then her shoulders fell down and she lowered her eyes again.)

C3: Oh, is this the boyfriend that you spoke of in the team rounds earlier?

P3: Yes. (She did not look up.)

C4: I am curious, why is it so important for you to be strong?

P4: (she sat quiet) I don't want anyone to judge me.

C5: So, you believe that you will be judged for showing a natural emotion? (I paused, her eyes stayed down) Would you like to hear a little known fact about tears? (I felt that there was a lot of tension in the room so I decided to lighten up. I didn't want to push my agenda, but I did want to try to move to a space that she would feel that I was someone she could speak to and I was empathic to her pain.)

P5: (she looked at me) sure.

C6: Tears contain a natural painkiller it is called leucine enkephalin that is why after you cry you feel better. Well most people, because when I cry it is one of those shameful cries. My nose runs like a fountain, I get really ugly. (I make a face, and she began to laugh.) Wow, look at that laughter.

P6: You are funny, I needed that. (She paused)

C7: I am curious, what are you thinking about?

P7: My son.

C8: Do you feel like sharing with me what happened? (I felt that this was a good place to attempt to enter into her scared space, and engage her about her son.)

P8: He committed suicide in January of this year. (She pause, she appeared to be holding back tears.) He was being bullied at school by the district attorneys son. I went to the school and did all I could do to help him. The boy who was bullying him was kicked out of school and his father was arrested because, his son had a gun at the school. They found it when they searched his locker for some of my son's belongings that he had taken. That night my son and I was

preparing to watch a movie like we always did. We were out of popcorn, so I decided to the store. I asked him if he wanted to go with me, and he told me no. I felt like something was off but he said he was okay. (She sat quiet for a moment and then looked at the floor. She began to fidget with her fingers again.) On my way back from the store I tried to call him but he didn't answer. When I got home and went in I noticed the bathroom door partially open and the light was on. My heart dropped into my stomach, when I opened the door I saw him there. (she stopped.)

C9: (Throughout her story she was very detached from her emotions.) I don't have the words, (I reached out and touched her hand and sat quietly.) How did you feel telling me that story?

P9: Like I wanted to throw up and I feel so guilty, I should have done more.

C10: You feel that you could have done more than what you did?

P10: Yes! (Her voice was elevated it was the first time she had shown any type of emotions.)

C11: Okay, I am curious. What else do you think you could have done?

P11: I don't know, that was my baby. (She sat up and began to make eye contact.) I wasn't strong enough to take care of my baby.

C12: Hmm, may I share something with you?

P12: Sure.

C13: It is two stories, first one is about this young lady, when she was 20 she met the love of her life, and was married. She had 5 children. During the course of her marriage she was abused, 18 year she suffered some horrible abuse, but she found the strength to get out of the marriage, with her children. The second story is about this young lady who life had beaten her down, from a

child she had suffered some horrible abuse by her step father, as she grew. Life continued to beat her down, she lost her child. (She sat up, when she realized the second woman was her.)

P13: you are talking about me.

C14: Yes, I am

P14: who was the first lady?

C15: (I turned my head and looked at her with a smile.)

P15: It was you?

C16: Yes.

P16: I am not strong.

C17: Maybe, you could think of it that way, but I would like to ask you consider it this way, life has tried to take you out, but you are still here, just like me you are still here.

P17: I am in this place and I am stuck.

C18: What have you learned from this place, and what makes you feel like you are stuck?

P18: I miss my son.

C19: If you could say anything to him what would you say?

P19: I don't know.

C20: you don't have to tell me now, what I would like you to do is to write a letter to your son, telling him everything that you want to tell him. Then share it with your care team, if you are comfortable. Would you do that?

P20: yes.

C21: Good, thank you for sharing your story with me, we are going to have to put a pin in this conversation for now, I have to go and do a devotional at my other building.

We ended our conversation and exited the group room.

I was approached the next day by several members of the care team, they told me that, the patient had read her letter to the team in the care team clinical rounds. The Psychologist expressed that he was still concerned about her, because he did not believe that she would continue with the positive behavior. The social working and other members of the care tea expressed that there had been a change in her, and we were all hopeful that she could stay encouraged to continue on her present course. During the last consolation with her in care team clinical rounds, she present more emotions when she read the letter, when I meet with her prior to her being discharge she was enthusiastic about her future, and had begun to take action go back to school online, and find support groups that she could attend.