

# The Pulse

of The Neighborhood Christian Clinic

RESTORING HEALTH & RESTORING LIVES | NOVEMBER 2020

## How to Think Like a “Whole Person Care” Doctor

by Dr. Paul Lorentsen

If you have spent any time reviewing our website or listening to us share the story of the clinic, you’ve heard us talk about whole person care.

We are even in the midst of developing an on-line course to train healthcare professionals to provide whole person care. But what exactly do we mean by this?

Keith’s story (name changed) should help to clarify this. Today, let’s say you are the doctor who will be seeing Keith for an appointment. You are using our clinic’s electronic health record to review his medical history, and you discover the following information. Physically, he has had various rashes, allergies, and a fracture. As a young adult, he has developed obesity and prediabetes. Emotionally, he has had anger issues his entire life, but recently has become apathetic and unmotivated, coinciding with marijuana use. Socially, his father was physically abusive to him as a child, prior to leaving their family. Since then, he has had a series of intimate relationships, and eventually married. He then separated from his wife, and later reunited with her, but felt that his wife then gave him a new sexually transmitted infection. Psychologically, he has been diagnosed with bipolar disorder, and has been on and off medications for years.

Whew! Does this patient also have a spiritual dimension? Does our medical record document anything related to this?

When Keith began receiving care at our clinic, he was a 10-year-old boy, brought in by his mother. His mother is the spiritual leader of the family, and the record shows that they considered themselves Christians, and were attending church regularly. As a 19 year old, the providers caring for him began to interview him personally (rather than directing questions to his mother), and he stated that he no longer was attending church. A few years later, he said that he still considered himself a Christian, but confessed that he didn’t know Jesus. To address that issue, his doctor shared Jesus stories. Shortly later, he told the psychiatrist that he would stop using marijuana, so that he could clear his mind and get to know Jesus personally. At multiple appointments, he was encouraged to pursue faith.

Keith was scheduled for an appointment to see me recently, and my review of his health record confirmed the details mentioned above. I walked in the room, discussed his current concerns, and made some recommendations. Keith then looked at me and asked, “How do you go to church every week? You do go every week, right? (I answer yes). So what gives you the motivation to go? I know I need to go, but on Sunday morning, I’m just can’t bring myself to go.”

I looked at his tattooed arms and gauges in his ears and wondered if he felt welcomed at the church he was trying to attend.

I replied that I go to church because my soul needs that time with God. I become caught up in the corporate worship. My wife and I become closer because we go together. I have fellowship with people that I don’t get to see other than at church activities. There are a few key men that I can pull aside and share deep concerns with, and they will immediately encourage me and pray for me. Others share things they’ve learned from God recently, and still others open up scripture for me in new, fresh ways.

As I’m saying these things, I begin to smile broadly. I’m thinking about the miracle it is that my patient is asking me for spiritual counsel. I hadn’t yet even mentioned anything about faith during that visit, but we had prayed together and discussed faith in the past, and he felt that he could trust me with spiritual questions. Does this young man have any other safe place where he can discuss his spiritual life? I thank God that our clinic is one such place. Do you think that any of the other issues he is facing might be impacted by a trusting relationship with Jesus Christ? I praise God that our patients have learned that emotional, social, and even spiritual concerns are accepted by the staff and volunteers serving in our clinic, and I pray that our volunteers incorporate this into their own practices as well!



## Volunteer Corner: Maria Jose Osorio Portillo

My name is Maria Jose Osorio Portillo; I am an international student from Honduras in Counseling & Psychology at Mid-Atlantic Christian University in North Carolina. My program of study required me to fulfill an internship; however, COVID-19 forced the cancellation of my plans. So, I began to search for a new internship amidst the pandemic. After connecting with Dr. Barney Davis and Cheryl Soterof of The Neighborhood Christian Clinic, I began to realize the possibility of becoming a student volunteer at TNCC. By the end of that week I was packing my things and getting ready to spend this past summer in Phoenix, AZ!

As I arrived at the Clinic, I was greeted by the amazing staff who welcomed me and immediately showed me the Agape House that would become my home for three months. On my first day in the Clinic, I began to interact immediately with staff and patients and learning COVID-19 protocols. The Clinic provided an amazing experience during which my knowledge grew and I was able to see my education come alive while volunteering. What was most impactful was that I saw how my Christian faith and the professional world complement one another. Praying for and with patients and gathering for devotionals with the staff were definitely highlights of my experience at the Clinic; the Grand Canyon and Sedona were a bonus!

Primarily, I was involved with interpreting counseling sessions with patients. I was also encouraged to help with anything else that needed support at the Clinic. My summer intern experience was amazing. I grew very close to staff and learned what being a Christian healthcare professional was like while caring for an underserved population. My experience will be extremely valuable as I become a professional practitioner. I am eternally grateful that God lead me to Phoenix in a very unique way; it has truly been one of my greatest learning and memorable experiences. Thank you to the amazing staff at TNCC!!



## Dealing with Chronic Issues

by Dr. Barney Davis

**C**hronic Medical Disease is the term, those conditions that once acquired are expected to be lifelong and often life-shortening if not well managed. In any North American primary, general medical care setting such as TNCC, the “big three” would be diabetes (there are multiple forms), hypertension (high blood pressure), and CHD (chronic heart disease); problems with lipids (cholesterol and triglycerides) are usually part of these three. All of the conditions interact with each other to make management more difficult, and it’s not just getting the right medication in the right dose at the right time. Lifestyle management, dietary control, exercise, reduction in overall stress are all critically important factors in successful management of these chronic conditions and enable the patient to live the best life possible for the longest possible time that God will allow.



Another factor that can affect management and outcome of all of these is behavioral health issues, specifically depression and anxiety. It is estimated that in the “standard” general medical practice setting, as many as 75% of patients with chronic medical disease also experience some form of behavioral health problem. And the intertwining of these conditions clearly can effect outcome: depressed people have trouble adhering to medication and diet, anxious patients avoid exercise and activities that could contribute to their health.

Many of the TNCC patient population have additional stresses: immigration concerns, poverty, separation from families of origin, and what we have progressively noticed as an extraordinarily high incidence of “ACE”, adverse childhood experiences, including sexual and physical abuse and abandonment, plus increased risk of current marital conflict.

All of these are even more acutely problematic thanks to the ubiquitous effect of COVID social, travel, and economic restrictions. The sum of this is that we routinely would expect most of our patients to have some major behavioral health complication of their already complex medical conditions, in greater numbers than the “expected” 75%. TNCC is developing a distinct but integrated “Behavioral Health Program” designed to better address these patients and these problems. We currently have three psychiatrists providing consultation at the clinic, and we are actively recruiting for (preferably bilingual) counselors who can provide additional practical counsel and training in life management skills from a spiritually integrated perspective. We are soon to offer a biblically-based trauma recovery program to particularly address the large population of our female patients who have suffered abuse and neglect both past and present. We are updating our formulary to better be able to prescribe appropriately when medication is indicated. Caring for the “whole person” has been and continues to be the goal. Excellent medical care, delivered in an atmosphere of spiritual truth and faith: these have been the hallmarks of TNCC quality care. We are excited that we are now better able to better attend to those emotional issues that often complicate chronic medical conditions, equipping our patients to live better, longer lives, able to know and serve God in greater ways.

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and running all year with students living there while doing their rotations at the clinic.

Work on the Whole Person Care curriculum continues uninterrupted thanks to Zoom and Grand Canyon University; what a great partnership that has been. We are nearing completion of the third course, hopefully by year end. The first two courses, “Understanding Health & Healing” and “The Motivation for Spiritually in Healthcare” are now posted on our website for your perusal.



In addition, we have added two new members to our board; Tina Allen and Jose Gonzales as well as a new physician to our staff, Glenda Williams. We have also engaged Mickey Smith with Primary Hub to help with Development activities.

The following story exemplifies what God is doing through the Clinic and our curriculum. Last week I had the privilege of working with a young Christian medical student in the intensive care unit at Phoenix Children’s Hospital. She shadowed me as I saw patients one morning and was able to participate in sharing the Good News with a 17-year-old gang member who had attempted to commit suicide via a drug overdose. Initially, he was very angry and wanted to talk about death. This transitioned to a Holy Spirit inspired discussion about eternal life and eventually to him receiving Jesus Christ as his Lord and Savior. The student was amazed and inspired how she could be used by God as a physician for his kingdom and hopes to do a clinical rotation at the Clinic to learn about and gain more experience in Whole Person Care. It is moments like these that motivate us all to continue the vision that God provided which is to train and equip health care professionals to share His love and gospel in fulfillment of the great commission.

Thank you for joining in to this valuable, Kingdom work with your support!!

## Modeling Death to Life

by Dr. David Tellez

**D**espite the times, God’s vision endures. Looking back, it is amazing to have experienced how God has provided for the work he is doing through the Clinic. Due to COVID restrictions, we were not to see as many patients;

however, we have continued to work straight through the pandemic and have been able to retain all our employees. Praise God!

As God works through your heart to provide the resources we need, we continue to march forward providing Whole Person Care to the underserved and to train our students and volunteers that seek to learn from our experience. The Agape House has been up

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## Current Clinic Stats

	Patient Visits	Volunteers	Hours	Turn Aways
July 2020	385	14	376.6	27
August 2020	400	24	203.6	18
September 2020	430	40	405.5	15



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