

**Service of Geriatric Medicine and Geriatric Rehabilitation  
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# **SPIRITUAL DISTRESS AND PSYCHOLOGICAL DISTRESS IN ELDERLY PATIENTS: JOINT INTERVENTION ?**

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**SEQ**

**CHUV**

# CONFLICT OF INTERESTS DECLARATION

The authors do not report any conflict of interest

# THIS PRESENTATION IS PART OF A SET

- Our research team (S. Monod, E. Rochat, E. Rubli Truchard, AV Dürst) will present 3 complementary oral communications:
  - **Spiritual Assessment and Care Plan**, E. Rubli Truchard (Session 3)
  - **Spiritual Distress and Psychological Distress in Elderly Patients: Joint Intervention ?** AV Dürst (Session 3)
  - **What does the SDAT bring to the Health Team ?** E. Rochat (Session 5)

**Don't hesitate to ask us about the content of these presentations**

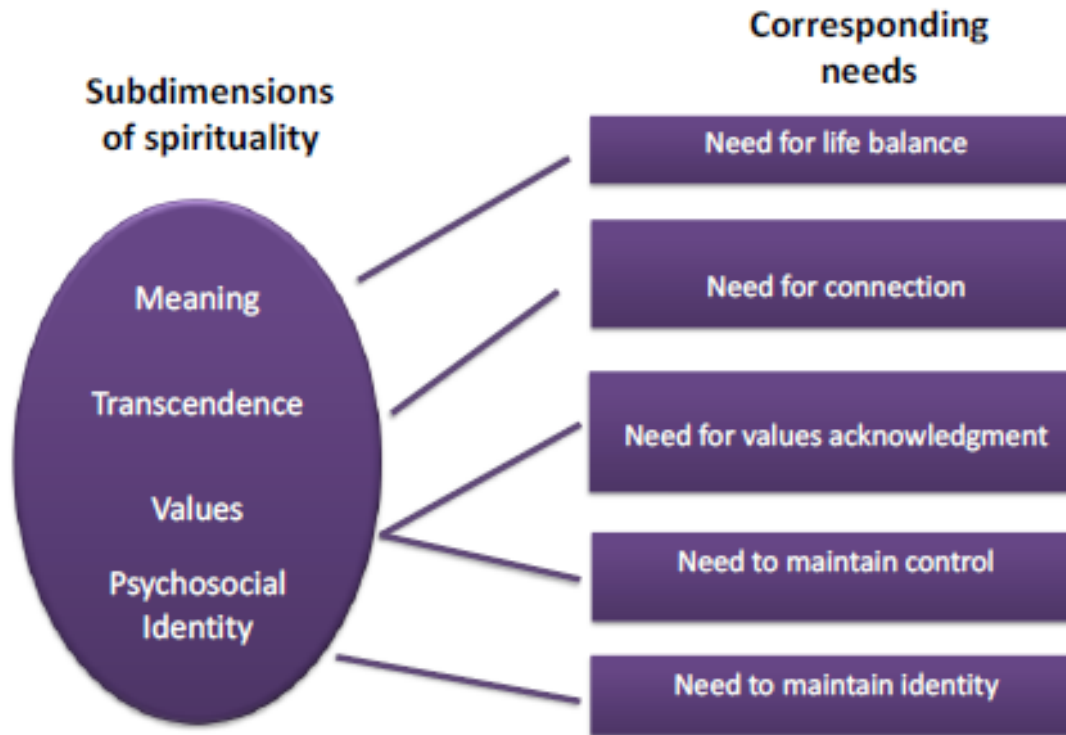
# OVERVIEW

- **Spiritual Distress Assessment with SDAT**
- **A complex case...**  
...analyzed in a traditional way vs within an integrated model of care
- **Chaplain's and psychologist's point of view**
- **Working together**
- **Conclusion**
- **Questions**

# **SPIRITUAL DISTRESS ASSESSMENT WITH SDAT**

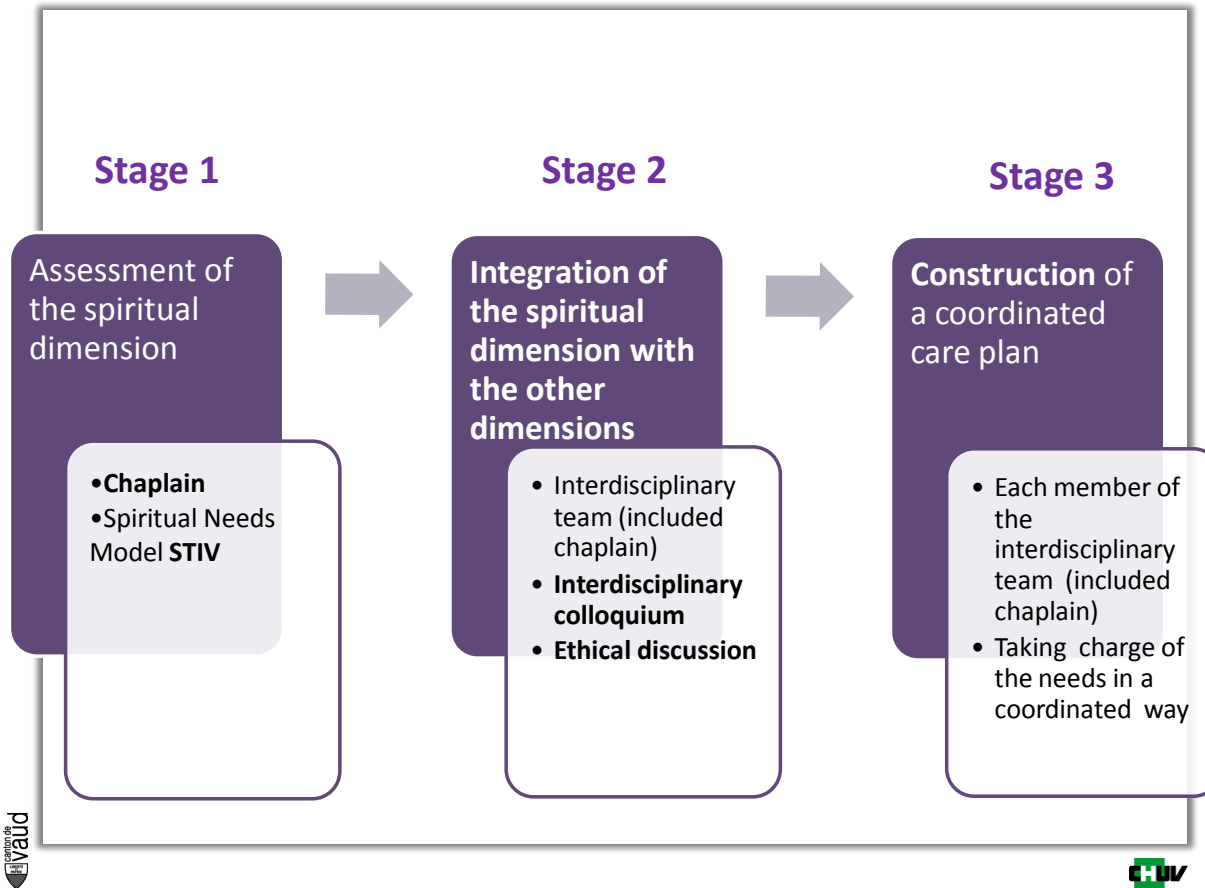
# SPIRITUAL NEEDS MODEL

## The Spiritual Needs Model STIV



Monod S BMC Geriatrics 2011; Monod S BMS Geriatrics 2012

# A THREE STAGE MODEL



# A COMPLEX CASE



## CASE PRESENTATION: Mrs A.



- 66-year old
- Fully independent
- Parkinson Disease since 6 years

Since her husband's death doctors disagree on a psychosis diagnosis

## MRS A. FALLS...



- Complicated hip replacement
- Hospitalized in a geriatric rehabilitation unit

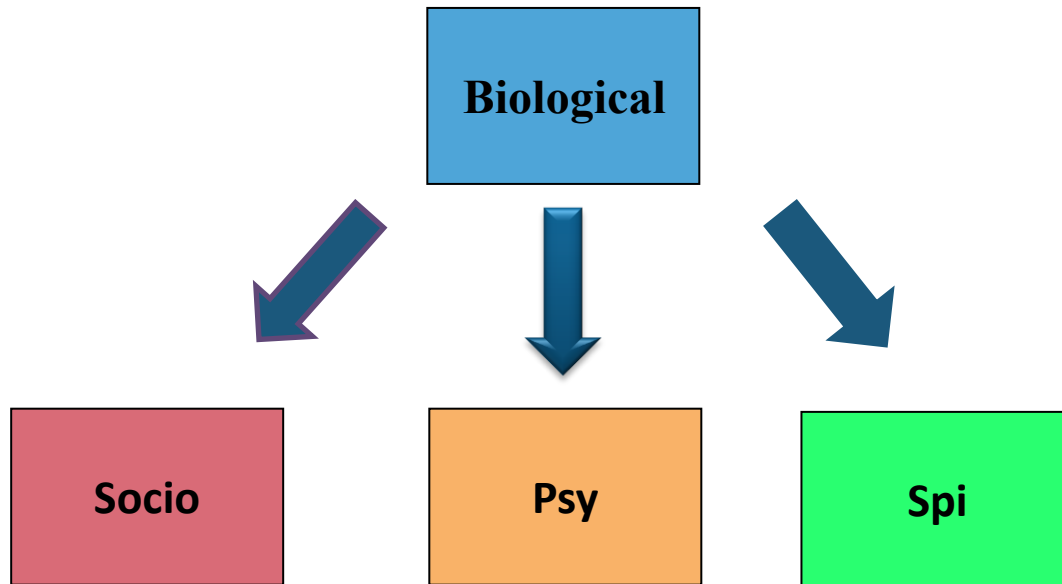
On arrival at the rehabilitation unit:

- Hypoactive
- Hallucinates
- Falls several times
- Fully dependent



# **MRS A. SITUATION ANALYZED IN A TRADITIONAL WAY (TECHNICAL MODEL)**

# TECHNICAL MODEL



Biological dimension determines the others

Only specific evaluations the MD judges relevant

# TECHNICAL MODEL: DIAGNOSIS AND PLAN OF CARE



- **MD:**
  - Parkinson disease
  - Persisting fluctuating confusional state
- **Psychologist:**
  - Excludes psychosis
  - PD dementia
  - Adjustment disorder with depressed mood
  - Persisting fluctuating confusional state

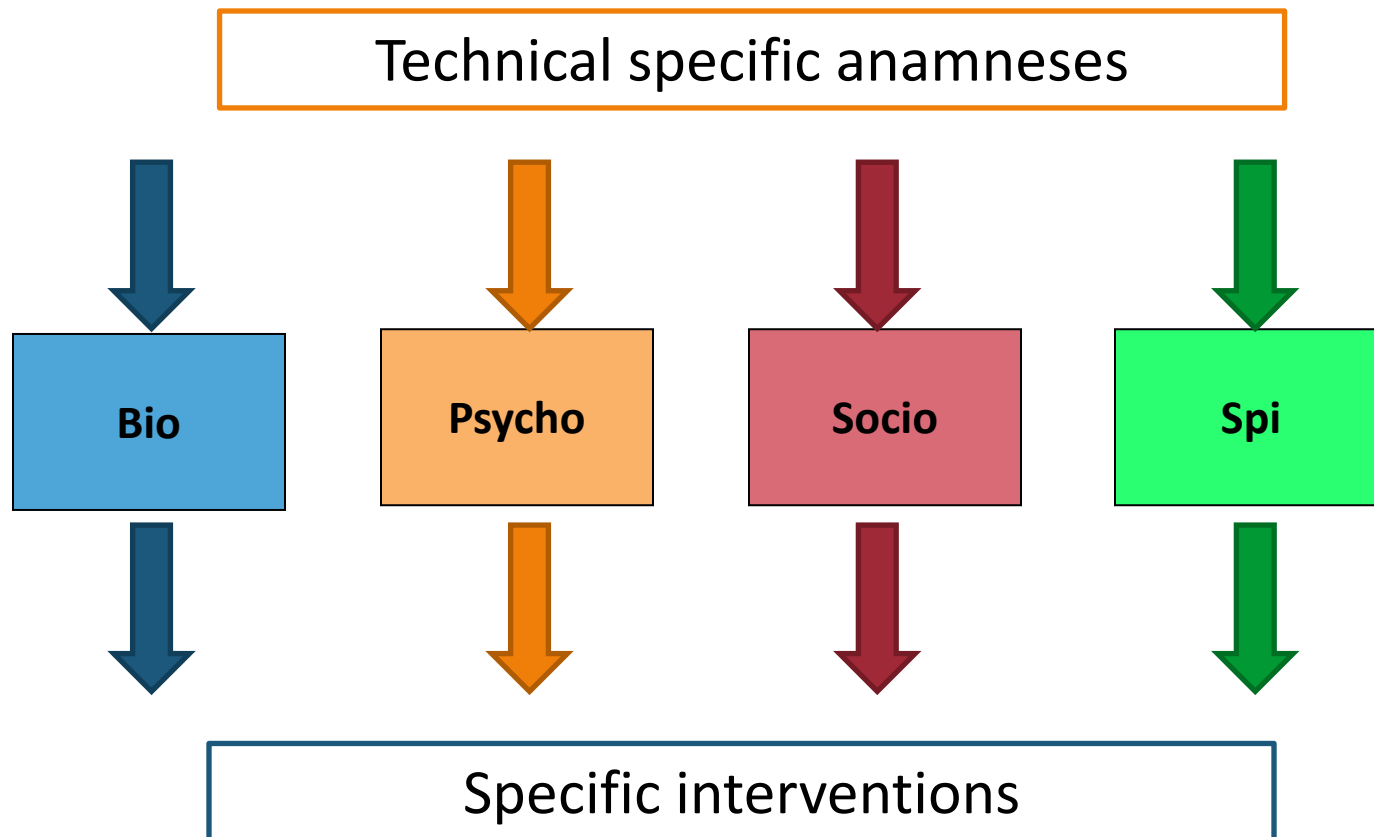
**PLAN OF CARE:**  
Nursing home placement ASAP

**PROBLEM:**  
**Mrs A is so distressed that her care (and placement !) are compromised**



# **Mrs A. SITUATION ANALYZED WITHIN AN INTERDISCIPLINARY INTEGRATED MODEL OF CARE**

# INTERDISCIPLINARY INTEGRATED MODEL OF CARE



# INTERDISCIPLINARY INTEGRATED MODEL: DIAGNOSIS AND PLAN OF CARE (1)



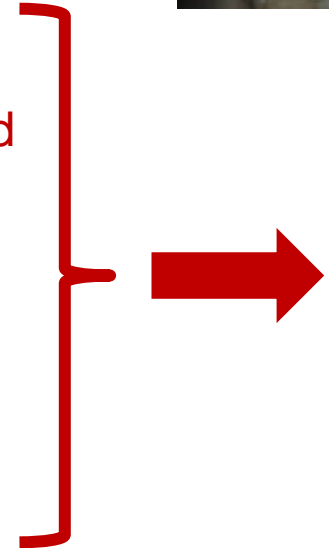
- **MD:**
  - Parkinson disease
  - Persisting fluctuating confusional state
- **Social nurse:**
  - Strong social network
  - Strong social support



# INTERDISCIPLINARY INTEGRATED MODEL: DIAGNOSIS AND PLAN OF CARE (2)



- **Psychologist:**
  - Excludes psychosis
  - PD dementia / **Adjustment disorder with depressed mood**
  - Persisting fluctuating confusional state
- **Chaplain with the SDAT:**
  - **Needs of Sense and Values severely unmet**
  - **Need of Identity partially unmet**
  - Need of transcendence covered



**Psychologist and chaplain determine *together* which type of intervention should prevail:**

**Spiritual only vs Psychological only vs Both jointly**



# CHAPLAIN'S AND PSYCHOLOGIST'S POINT OF VIEW

# JOINING FORCES



Psychologist and chaplain

1. **Compare** their respective assessments
2. **Conclude** that since her operation **Mrs A**
  - **Struggles to maintain a sense of identity**
  - **Struggles to find resources to adapt to the situation**
3. **Decide a joint spiritual and psychological intervention**

**WORKING TOGETHER**

# JOINT INTERVENTION



- Psychologist and chaplain **define together** the intervention's goals:
  - Focus on **psychological** dimension «Identity» & **spiritual** subdimension «Transcendence»
- **Carry on a joint intervention:**
  - Psychologist: rebuilding a sense of identity
  - Chaplain: reinforcement of the subdimension «Transcendence»



**Work together to make up for a psychological weakness & to reinforce a spiritual resource**

# JOINT INTERVENTION'S RESULTS



- Mrs A.
  - Recovers a sense of identity
  - Accepts a transfer in nursing home
  - Cooperates to her care
- The health team has new options for patient's care



# CONCLUSIONS

## A STRUCTURED INTERDISCIPLINARY MODEL OF CARE WITH SDAT ALLOWS TO:

- **Differentiate spiritual from psychological distress**
- **Design the most efficient intervention**
- Helps to propose the **care plan making the most sense for both patient and health team**
- **When psychological and spiritual distress coexist: chaplain's and psychologist's interventions make it possible to address simultaneously the patient's needs and to treat him as a whole person**



**THANK YOU FOR YOUR ATTENTION !**