Assessing Spiritual Needs in a Clinical Setting

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Religious Struggle Screening Protocol

- Is religion or spirituality important to you as you cope with your illness?
  - YES
  - NO
  - How much satisfaction do you get from your religious/spirituality right now?
    - YES
    - NO
    - Have you ever been a time when religion/spirituality was important to you?
      - YES
      - NO
      - Would you like a visit from a chaplain?
        - YES
        - NO
        - Thank patient & order chaplain visit

Spiritual Needs Model

Dimensions of spirituality
- Meaning
- Transcendence
- Values
- Psychosocial Identity

Corresponding needs
- Need for life balance
- Need for connection
- Need for values acknowledgment
- Need to maintain control
- Need to maintain identity
Where we are with spiritual assessment

- Many models have been published
- Most are discipline specific
- Few models are evidence-based
- Little critical review of existing work
- How do we know what approach to adopt?
Outline

• Current Practice
  • Instruments for research vs clinical practice
  • 3 levels of inquiry in clinical context
• Next steps for evidence-based spiritual assessment
  • Definitions and norms
    • Defining spirituality and religion
    • Norms in spiritual assessment
    • Roles and authority in spiritual assessment
  • Methods
    • Narrative vs quantitative
    • One size fits all vs diagnosis specific
    • Local vs universal
## Reviews of Measures Developed for Research

<table>
<thead>
<tr>
<th>Study</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivat (QLG, EORTC), 2008</td>
<td>Review 29 instruments; none suitable for use with European palliative care patients</td>
</tr>
<tr>
<td>Monod et al, 2011</td>
<td>Review 35 instruments; in only 3 instruments do the majority of items assess current spiritual state and all of them focus on spiritual well-being vs spiritual needs</td>
</tr>
<tr>
<td>Gijsberts et al, 2011</td>
<td>Review 24 instruments; 9 had adequate content validity determined in an EoL sample</td>
</tr>
<tr>
<td>Selman et al, 2011</td>
<td>Review 85 instruments; 9 were validated in palliative and cross-cultural samples</td>
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</table>
# Three Levels of Clinical Inquiry about Spirituality and Religion

<table>
<thead>
<tr>
<th>Level of Inquiry</th>
<th>Context</th>
<th>Length</th>
<th>Mode</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual screening</td>
<td>Initial contact</td>
<td>Very brief</td>
<td>Questions</td>
<td>Fitchett and Risk</td>
</tr>
<tr>
<td>Spiritual history-taking</td>
<td>Initial contact and periodic reassessment</td>
<td>Brief</td>
<td>Questions</td>
<td>Stoll FICA HOPE</td>
</tr>
<tr>
<td>Spiritual assessment</td>
<td>Initial contact and on-going reassessment</td>
<td>Extensive</td>
<td>Conceptual framework for interpretation</td>
<td>Pruyser 7x7 Brun</td>
</tr>
</tbody>
</table>
3 Actions:

1. Refer for spiritual assessment re: possible RS struggle.

2. Spiritual care requested, make referral.

3. No action: no indication of RS struggle, no interest in spiritual care.

Fitchett & Risk, 2009
FICA--Taking a Spiritual History

F--Faith and Belief  "Do you consider yourself spiritual or religious?" or "Do you have spiritual beliefs that help you cope with stress?"

I--Importance  "What importance does your faith or belief have in our life? Have your beliefs influenced how you take care of yourself in this illness?"

C--Community  "Are you part of a spiritual or religious community? Is this of support to you and how?"

A--Address in Care  "How would you like me, your healthcare provider, to address these issues in your healthcare?"

FIGURE 1 Spiritual Needs Model: Dimensions of spirituality and corresponding needs in elderly hospitalised patients.

Monod et al - 2010
<table>
<thead>
<tr>
<th><strong>SPIRITUAL NEEDS MODEL</strong></th>
<th><strong>PATIENT INTERVIEW</strong></th>
<th><strong>INTERVIEW ANALYSIS</strong></th>
</tr>
</thead>
</table>
| **MEANING**<br>**NEED FOR LIFE BALANCE** | Does your hospitalisation have any repercussions on the way you live usually?  
Is your overall life balance disturbed by what is happening to you now (hospitalisation, illness)?  
Are you having difficulties coping with what is happening to you now (hospitalisation, illness)? | How does the patient speak about his or her need for life balance?  
Is the overall life balance of this patient disturbed? |
| **TRANSCENDENCE**<br>**NEED FOR CONNECTION** | Do you have a religion, a particular faith or spirituality?  
Does what is happening to you now change your relationship to God /or to your spirituality? (closer to God, more distant, no change)  
Is your religion / spirituality / faith challenged by what is happening to you now?  
Does what is happening to you now change or disturb the way you live or express your faith / spirituality / religion? | How does the patient speak about his or her need for connection?  
Is his or her need for connection disturbed? |
| **VALUES**<br>**NEED FOR VALUES ACKNOWLEDGEMENT** | Do you think that the health professionals caring for you know you well enough? | How does the patient speak of his or her need that caregivers understand what has value and significance in his or her life? |
| **NEED TO MAINTAIN CONTROL** | Do you have enough information about your health problem, and on the goals of your hospitalisation and treatment?  
Do you feel that you are participating in the decisions made about your care?  
How would you describe your relationship with the doctors and other health professionals? | How does the patient speak of his or her need to understand and be involved in caregivers’ decisions and actions? |
| **PSYCHO-SOCIAL IDENTITY**<br>**NEED TO MAINTAIN IDENTITY** | Do you have any worries or difficulties regarding your family or other persons close to you?  
How do people close to behave with you now? Does it correspond with what you expected from them?  
Do you feel lonely?  
Could you tell me about the image you have of yourself in your current situation (illness, hospitalisation)?  
Do you have any links with your faith community? | How does the patient speak of his or her need to maintain identity? |
Reliability & Validity of SDAT

1. Factor analysis & reliability (internal consistency and item correlations)

2. Samples used for SDAT reliability assessment

2a. Intra-rater reliability

- N=4 SDAT interviews videotaped
- Judge 1 scoring ↔ Judge 2 scoring ↔ Judge 3 scoring

2b. Inter-rater reliability

- N=21 SDAT interviews
- Judge 1 scoring ↔ Judge 2 scoring

Figure 3: Reliability assessment: overall procedure.

3. Validity

A. Criterion (correlation with related measures)
   - FACIT-SP
   - “Are you at peace?”

B. Concurrent (correlation with XYZ)
   - Geriatric Depression Scale
   - Need for family d/c meeting

C. Predictive (association with rehab outcomes)
   - LOS
   - D/C to NH

Monod et al 2012
Guidelines for Pastoral Diagnosis - Paul Pruyser, 1976

Awareness of the Holy
  what if anything is sacred, revered
Providence
  what has God promised me
Faith
  affirming vs negating stance in life
Grace or Gratefulness
  kindness, generosity, the beauty of giving and receiving
Repentance
  feelings of contrition, remorse, regret
Communion
  feelings of kinship with the whole chain of being
Sense of Vocation
  willingness to be a cheerful participant in creation
The 7 x 7 Model for Spiritual Assessment

<table>
<thead>
<tr>
<th>Holistic Assessment</th>
<th>Spiritual Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Belief and Meaning</td>
</tr>
<tr>
<td>Psychological</td>
<td>Vocation and Obligations</td>
</tr>
<tr>
<td>Family Systems</td>
<td>Experience and Emotions</td>
</tr>
<tr>
<td>PsychoSocial</td>
<td>Doubt (Courage) and Growth</td>
</tr>
<tr>
<td>Ethnic, Racial, or Cultural</td>
<td>Ritual and Practice</td>
</tr>
<tr>
<td>Social Issues</td>
<td>Community</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Authority and Guidance</td>
</tr>
</tbody>
</table>

Published in 1993, Augsburg Press
www.arpress, 1-800-537-1030
Why Do Spiritual Assessment?

Spiritual assessment is foundation for:

- Guiding care
- Communicating with colleagues
- Evaluating care

Discipline for Pastoral Care Giving
Arthur Lucas, 2001
SCORERCARD: Evidence-based spiritual screening & assessment

<table>
<thead>
<tr>
<th></th>
<th>Rush Screening Protocol</th>
<th>MD Anderson Spiritual Assessment</th>
<th>Spiritual Distress Assessment Tool</th>
<th>Spiritual Injury Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliable</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Yes</td>
<td>Partial</td>
</tr>
<tr>
<td>Valid</td>
<td>Partial</td>
<td>Partial</td>
<td>Partial</td>
<td>Partial</td>
</tr>
<tr>
<td>Clinically Useful</td>
<td>Partial</td>
<td>Partial</td>
<td>Partial</td>
<td>Unknown</td>
</tr>
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COSMIN: COncensus-based Standards for the selection of health Measurement Instruments; http://www.cosmin.nl/
## Evaluating Current Practice in Spiritual Assessment

<table>
<thead>
<tr>
<th>Example</th>
<th>Quantifiable</th>
<th>Valid</th>
<th>Useful</th>
<th>Inclusive</th>
<th>Universal</th>
</tr>
</thead>
<tbody>
<tr>
<td>7x7</td>
<td>no</td>
<td>unknown</td>
<td>unknown</td>
<td>possibly</td>
<td>unknown</td>
</tr>
<tr>
<td>Rush Screening Protocol</td>
<td>yes</td>
<td>partial</td>
<td>partial</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td>FICA</td>
<td>no</td>
<td>unknown</td>
<td>partial</td>
<td>unknown</td>
<td>hopeful</td>
</tr>
<tr>
<td>Spiritual Injury</td>
<td>yes</td>
<td>partial</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
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Next Steps for evidence-based spiritual assessment

- Definitions and norms
  - Defining spirituality and religion
  - Norms in spiritual assessment
- Roles and authority
Definitions: Spirituality, Religion

**Spirituality**
“a search for the sacred”

**Religion**
“the larger social and institutional context in which the search for the sacred takes place”

Pargament, Desai & McConnell, 2006, p. 122
Fig. 2. Model of themes occurring in cross-cultural measures of spirituality, and their relation to the illness experience.

Selman et al., 2011
Model of Spirituality

Fig. 2. A model for the conceptualization of spirituality at the end of life.
On Poor Religious Coping: Spiritually Assessing Christianity’s Great Theologians

DEVAN STAHL*
Albert Gnaegi Center for Health Care Ethics, St. Louis, Missouri, USA
Spiritual Assessment: Roles and Authority
Next steps for evidence-based spiritual assessment

• Methods
  • Narrative vs quantitative
  • One size fits all vs diagnosis specific
  • Local vs universal
Spiritual Assessment is Narrative

“My image of sitting in front of somebody with a piece of paper and writing answers down...is not a positive image.”

“Chaplains focus on presence, and being with the person, rather than simply getting information for assessment.”

Study of CAPPE chaplains: survey, n=90, focus groups, n=15. O’Connor et al, JPCC, 2005
Spiritual Assessment

One size fits all vs diagnosis specific

### Spiritual Needs Model

- **Dimensions of spirituality**
  - Meaning
  - Transcendence
  - Values
  - Psychosocial Identity

- **Corresponding needs**
  - Need for life balance
  - Need for connection
  - Need for values acknowledgment
  - Need to maintain control
  - Need to maintain identity
Spiritual Assessment: Local Models Predominate

• Few chaplains were familiar with or used published spiritual assessment “tools.”

• 38% of the chaplains used unpublished tools developed at their own or other hospitals.

• 30% of the chaplains had developed their own spiritual assessment tool.

Study of CAPPE chaplains: survey, n=90, focus groups, n=15. O’Connor et al, JPCC, 2005
## Priorities in Spiritual Care Research

<table>
<thead>
<tr>
<th>Priority</th>
<th>Rank</th>
</tr>
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<tbody>
<tr>
<td>Evaluate screening tools used to identify patients with spiritual needs</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>Develop and evaluate conversation models for spiritual conversations</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Evaluate the effectiveness of spiritual care</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Develop and evaluate spiritual interventions</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Determine the prevalence of spiritual distress</td>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Selman et al 2014, n=807 clinicians
The Challenges of Evidence-based Spiritual Assessment*

<table>
<thead>
<tr>
<th>Characteristics (Alternative)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantifiable (Narrative)</td>
<td>Identify degrees of R/S distress and R/S resources in order to inform care plan</td>
</tr>
<tr>
<td></td>
<td>Describe change in R/S distress or other sx in response to chaplain spiritual care</td>
</tr>
<tr>
<td>Valid (Invalid)</td>
<td>Psychometric validity of instrument as measure of R/S issues relevant to patients with this diagnosis</td>
</tr>
<tr>
<td>Useful (Waste of time)</td>
<td>Acceptable to patients</td>
</tr>
<tr>
<td></td>
<td>Acceptable to chaplains: helpful guide to spiritual care; consistent with identity and education</td>
</tr>
<tr>
<td></td>
<td>Provides information valued by other clinicians</td>
</tr>
<tr>
<td>Inclusive (Pathologizes)</td>
<td>Inclusive and respectful of diverse R/S beliefs and practices</td>
</tr>
<tr>
<td>Universal (Local)</td>
<td>The same model is used by all chaplains working with patients with this condition</td>
</tr>
</tbody>
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*assume condition-specific models for spiritual assessment, e.g., PTSD
Developing Evidence-based Spiritual Assessment

- Many diagnosis-specific assessments
- Multi-level: screening & assessment
  - Efficient, include only information needed to guide care
- Combine quantitative & narrative
- Just the red flags for busy clinical colleagues
Multi-disciplinary task forces for each clinical population

- Review relevant research
- Develop and test models
- Disseminate models
Religion and Health Research at Rush

Our research website:

www.rushu.rush.edu/rhhv

click on Research in Religion, Health & Human Values