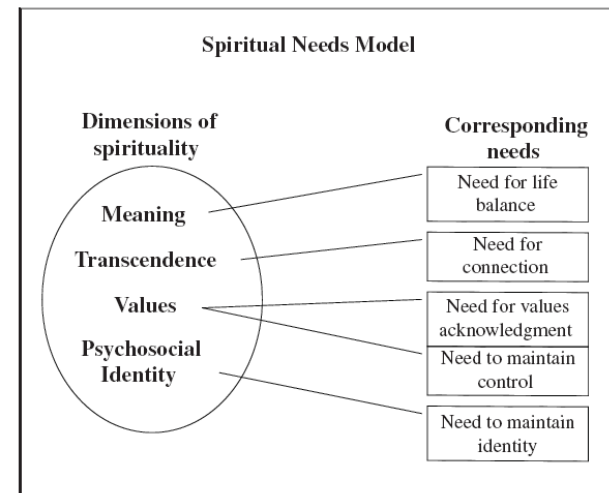
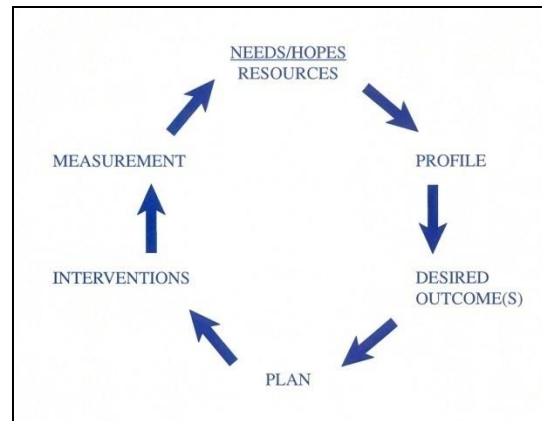
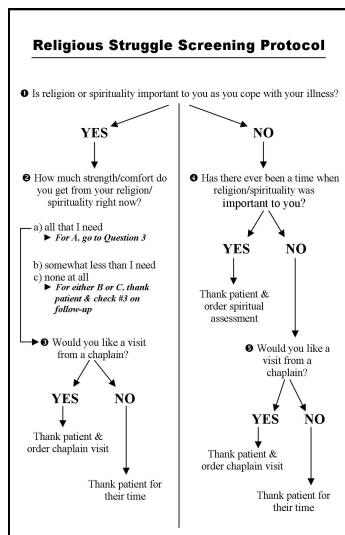


Assessing Spiritual Needs in a Clinical Setting

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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

Study	Note
Vivat (QLG, EORTC), 2008	Review 29 instruments; none suitable for use with European palliative care patients
Monod et al, 2011	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
Gijsberts et al, 2011	Review 24 instruments; 9 had adequate content validity determined in an EoL sample
Selman et al, 2011	Review 85 instruments; 9 were validated in palliative and cross-cultural samples

Three Levels of Clinical Inquiry about Spirituality and Religion

Level of Inquiry	Context	Length	Mode	Examples
Spiritual screening	Initial contact	Very brief	Questions	Fitchett and Risk
Spiritual history-taking	Initial contact and periodic reassessment	Brief	Questions	Stoll FICA HOPE
Spiritual assessment	Initial contact and on-going reassessment	Extensive	Conceptual framework for interpretation	Pruyser 7x7 Brun

Religious Struggle Screening Protocol

❶ Is religion or spirituality important to you as you cope with your illness?

YES

❷ How much strength/comfort do you get from your religion/spirituality right now?

a) all that I need

► *For A, go to Question 3*

b) somewhat less than I need

c) none at all

► *For either B or C, thank patient & check #3 on follow-up*

❸ Would you like a visit from a chaplain?

YES

Thank patient &
order chaplain visit

NO

Thank patient for
their time

NO

❹ Has there ever been a time when religion/spirituality was important to you?

YES

Thank patient &
order spiritual
assessment

NO

❺ Would you like a visit from a chaplain?

YES

Thank patient &
order chaplain visit

NO

Thank patient for
their time

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?"

Puchalski CM, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J Pall Med 2000;3:129-37. Copyright, Christina M. Puchalski, MD, 1996. Also see: www.gwish.org

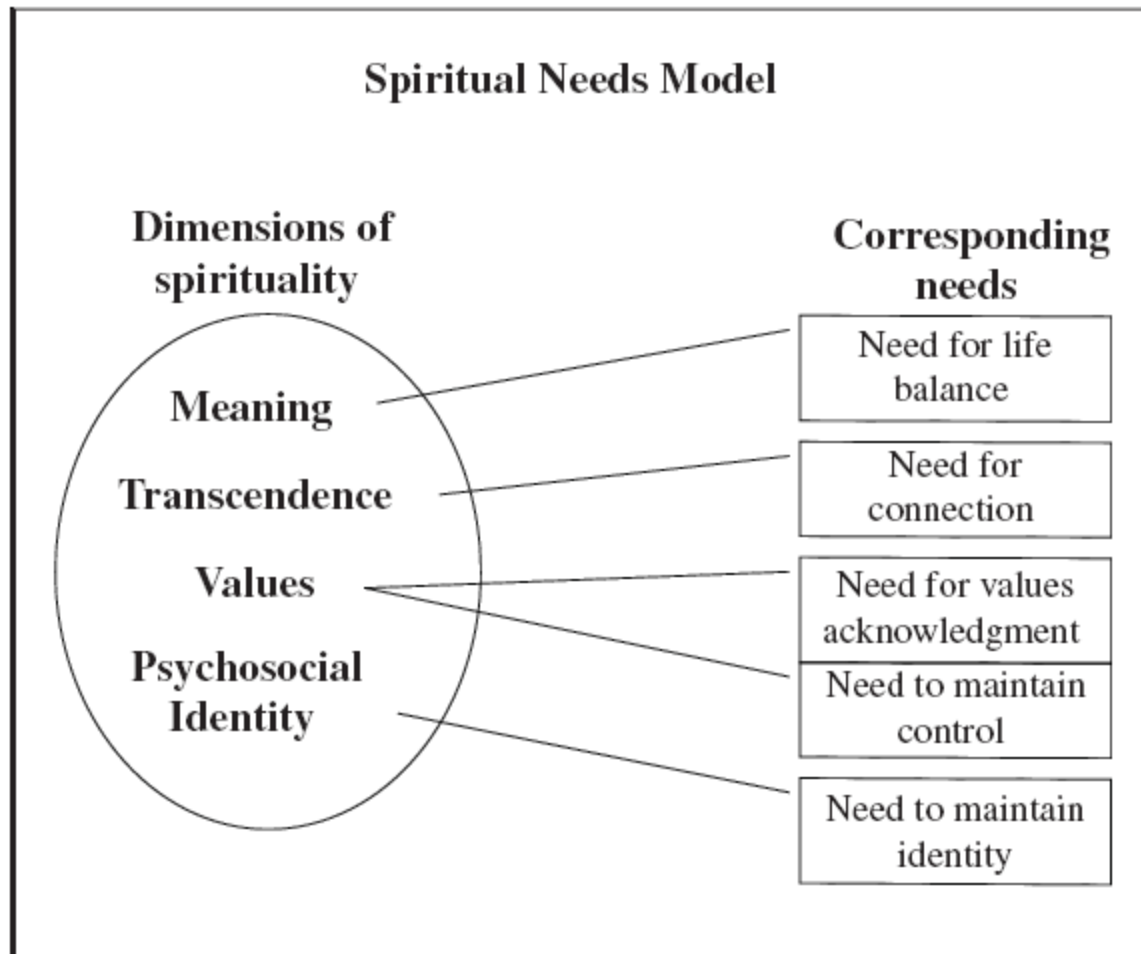


FIGURE 1 Spiritual Needs Model: Dimensions of spirituality and corresponding needs in elderly hospitalised patients.

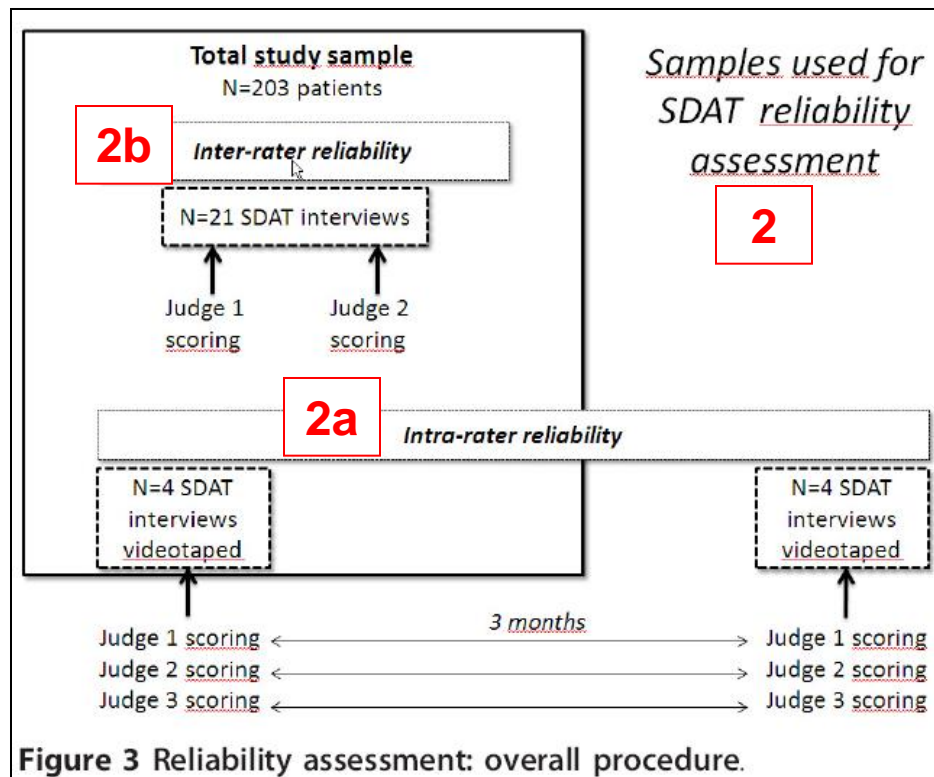
Monod et al - 2010

SDAT Interview and Analysis Questions

	PATIENT INTERVIEW	INTERVIEW ANALYSIS
SPIRITUAL NEEDS MODEL	Set of questions for patient interview	Questions for analysing the interview and identifying unmet spiritual need
MEANING 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 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 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 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)



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

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

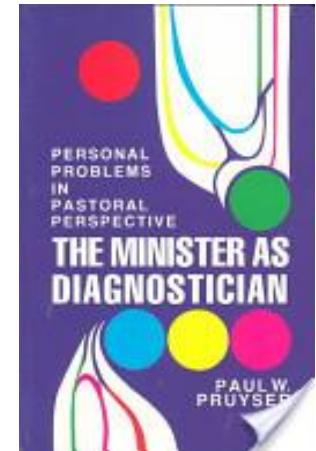
feelings of contrition, remorse, regret

Communion

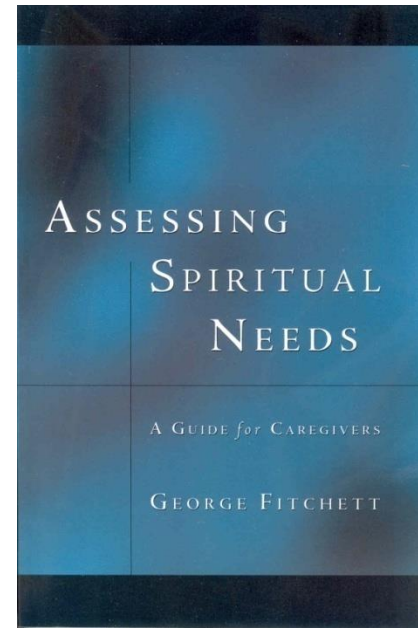
feelings of kinship with the whole chain of being

Sense of Vocation

willingness to be a cheerful participant in creation



The 7 x 7 Model for Spiritual Assessment



Holistic Assessment	Spiritual Assessment
Medical	Belief and Meaning
Psychological	Vocation and Obligations
Family Systems	Experience and Emotions
PsychoSocial	Doubt (Courage) and Growth
Ethnic, Racial, or Cultural	Ritual and Practice
Social Issues	Community
Spiritual	Authority and Guidance

Published in 1993, Augsburg Press

Reprinted 2002, Available from Academic Renewal Press, Lima, Ohio

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

SCORECARD: Evidence-based spiritual screening & assessment

	Rush Screening Protocol	MD Anderson Spiritual Assessment	Spiritual Distress Assessment Tool	Spiritual Injury Scale
Reliable	Unknown	Unknown	Yes	Partial
Valid	Partial	Partial	Partial	Partial
Clinically Useful	Partial	Partial	Partial	Unknown

COSMIN: Consensus-based Standards for the selection of health Measurement Instruments;
<http://www.cosmin.nl/>



Evaluating Current Practice in Spiritual Assessment

Example	Quantifiable	Valid	Useful	Inclusive	Universal
7x7	no	unknown	unknown	possibly	unknown
Rush Screening Protocol	yes	partial	partial	unknown	unknown
FICA	no	unknown	partial	unknown	hopeful
Spiritual Injury	yes	partial	unknown	unknown	unknown

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



Model of Spirituality

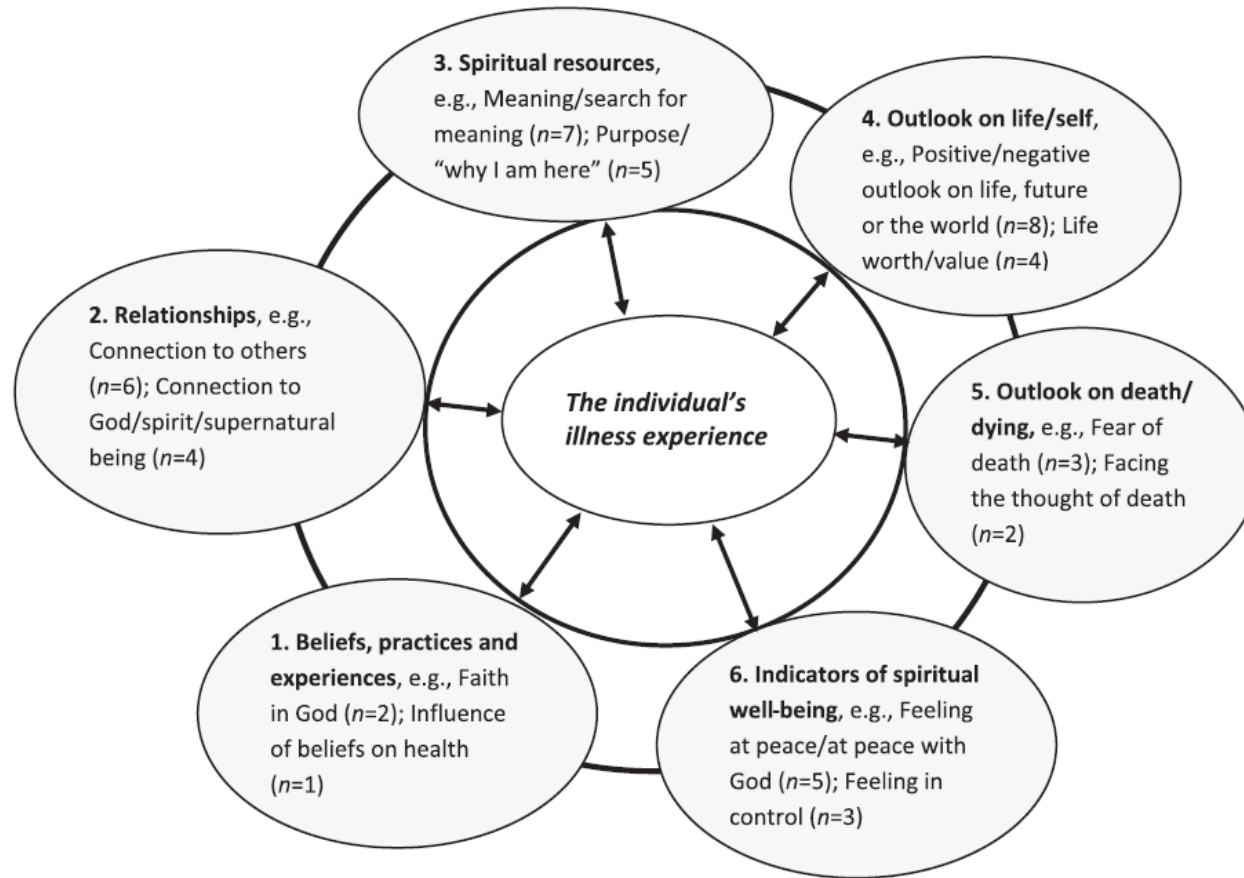


Fig. 2. Model of themes occurring in cross-cultural measures of spirituality, and their relation to the illness experience.

Model of Spirituality

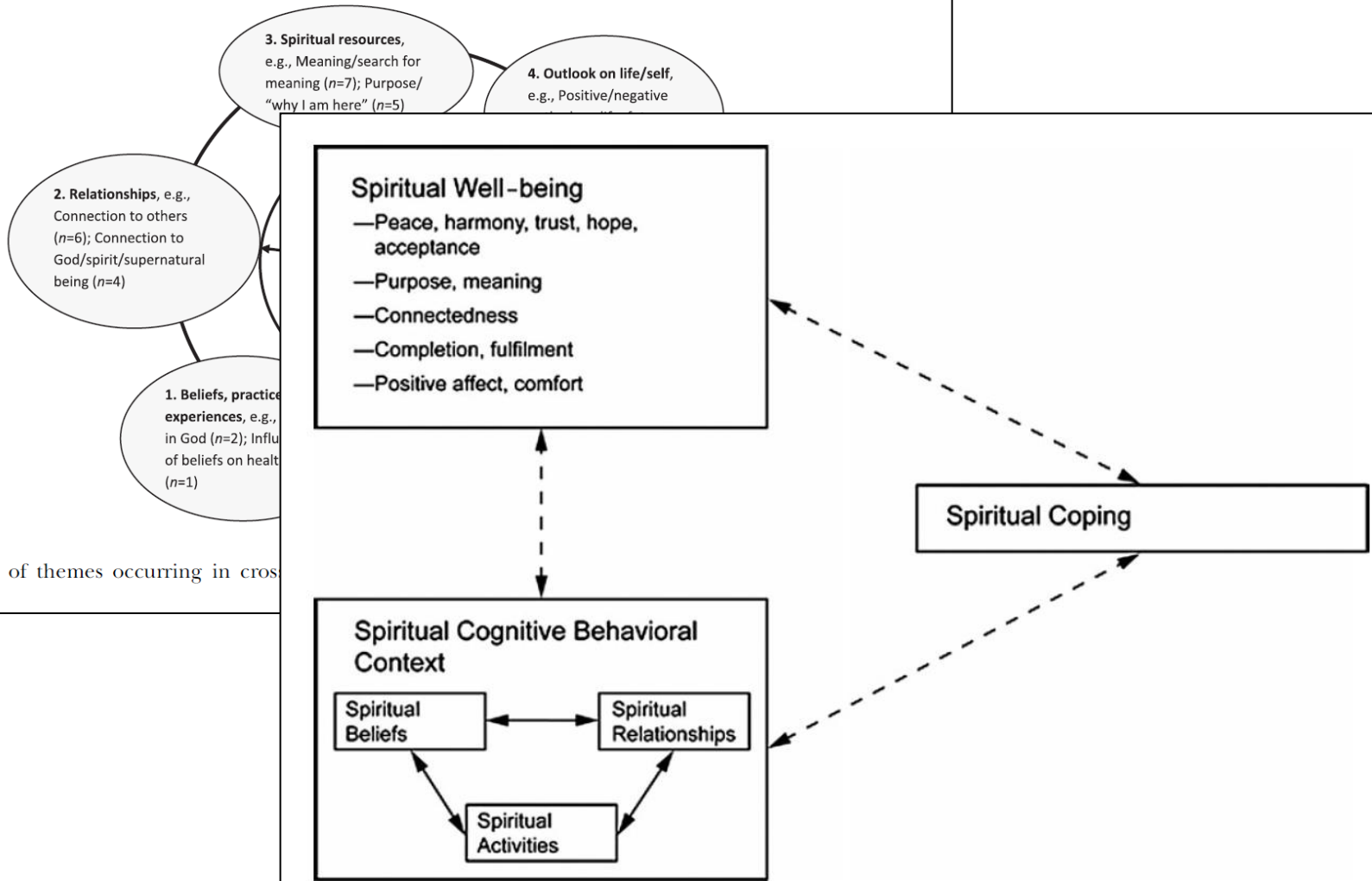


Fig. 2. Model of themes occurring in cross experience.

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.”

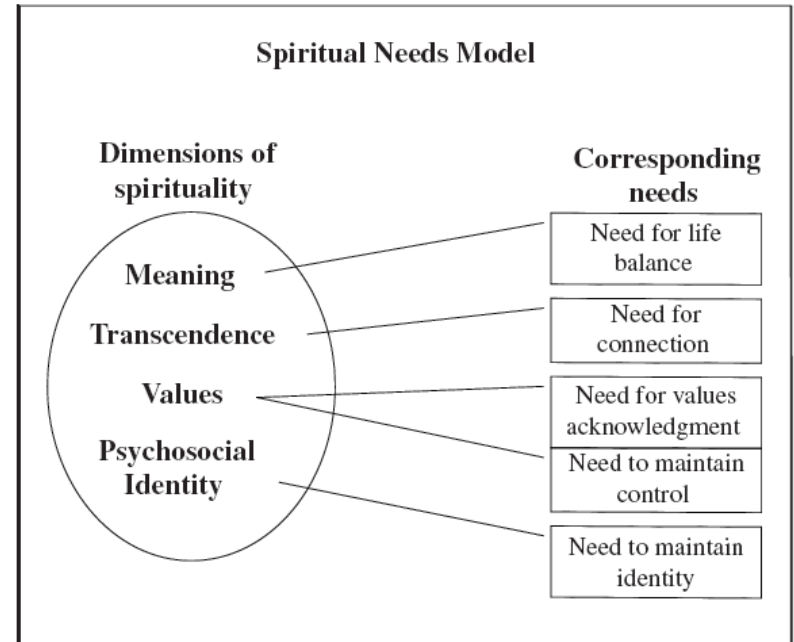
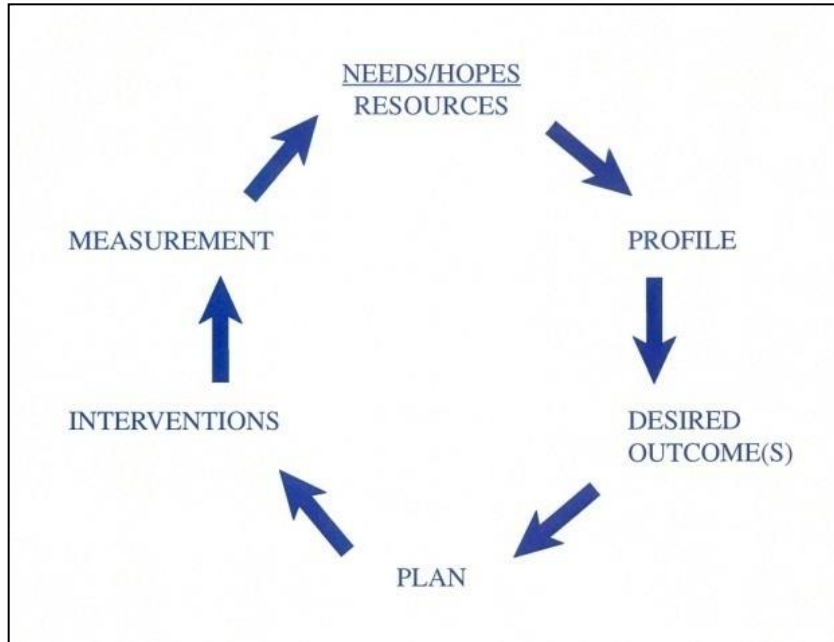
“Chaplains focus on presence, and being with the person, rather than simply getting information for assessment.”



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 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.

Priorities in Spiritual Care Research

Priority	Rank
Evaluate screening tools used to identify patients with spiritual needs	1st
Develop and evaluate conversation models for spiritual conversations	2 nd
Evaluate the effectiveness of spiritual care	3 rd
Develop and evaluate spiritual interventions	4 th
Determine the prevalence of spiritual distress	5 th

Selman et al 2014, n=807 clinicians

The Challenges of Evidence-based Spiritual Assessment*

Characteristics (Alternative)	Rationale
Quantifiable (Narrative)	Identify degrees of R/S distress and R/S resources in order to inform care plan
	Describe change in R/S distress or other sx in response to chaplain spiritual care
Valid (Invalid)	Psychometric validity of instrument as measure of R/S issues relevant to patients with this diagnosis
Useful (Waste of time)	Acceptable to patients
	Acceptable to chaplains: helpful guide to spiritual care; consistent with identity and education
	Provides information valued by other clinicians
Inclusive (Pathologizes)	Inclusive and respectful of diverse R/S beliefs and practices
Universal (Local)	The same model is used by all chaplains working with patients with this condition

*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

Developing Evidence-based Spiritual Assessment

Multi-disciplinary task forces for each
clinical population

- Review relevant research
- Develop and test models
- Disseminate models

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