

SPIRITUAL CARE AND ASSESSMENT

Using Spiritual Care Assessment in Spiritual Health
Therapy

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SPIRITUAL CARE AND ASSESSMENT

- ▶ It is a pivotal part of spiritual health therapy practice.
- ▶ **Spiritual Assessment and Care – (*Competency 1*):** Spiritual Assessment and Care are distinct but inter-related activities. Spiritual Assessment is an extensive, in-depth, ongoing process of actively listening to and summarizing a client's story, spiritual strengths, needs, hopes and coping strategies as they emerge over time. Spiritual Care is the professional relationship established with a client that provides a framework for ongoing assessment and inter-professional interventions that help meet the wellness needs and goals of the client.—*From CASC Standards*


ASSESSMENT (From CASC STANDARDS):

- ▶ **1.1 Relational Approach: Provides a relational and patient/family-centered approach to assessment and care that sensitively encounters the client(s) and engages them in their healing process.**
 - *Engages with the client's experience.*
 - *Facilitates expression and articulation of a client's beliefs, values, needs and desires that shape the client's choices and interactions.*
 - *Encourages the client to express emotions and a full range of feelings.*
 - *Encourages the client to share fears/concerns, hopes/dreams, creative expression, intuition and awareness of relationships, including the divine/transcendent in understanding the core identity of the client.*

ASSESSMENT (From CASC STANDARDS) cont:

- ▶ **1.2 Assessment: gains an understanding of a client's source(s) of spiritual strength, hope, methods/ways of coping, needs, risks and wellness goals through encountering the client and integrating this knowledge with historical, theological, philosophical, socio-cultural and psychological theoretical frameworks of human development and transitions in life.**
- ▶ *1.2.1 Assesses by means of listening to story. Encounters the life narrative of the client through dialogue, observation and emotional understanding.*
- ▶ *1.2.2 Identifies the client's worldview and theological or spiritual belief system.*
- ▶ *1.2.3 Identifies the client's sacred symbols, metaphors and relationships that provide meaning.*
- ▶ *1.2.4 Assesses past and present trauma, spiritual distress, spiritual pain, suffering, grief and loss.*
- ▶ *1.2.5 Assesses specific risks, including suicide, homicide, violence, abuse, neglect, drug abuse and monitors risk over time.*
- ▶ *1.2.6 Assesses spiritual coping strategies.*
- ▶ *1.2.7 Assesses for faith process and development, structure and content.*
- ▶ *1.2.8 recognizes when and how medications/drugs are impacting client.*
- ▶ *1.2.9 recognizes when physiological and psychological symptoms are limiting effectiveness of care and when there is need for consultation with others within the care team.*

SPIRITUAL CARE ASSESSMENT MODELS

- ▶ **Spiritual assessment is the process by which health care providers can identify a patient's spiritual needs pertaining to their mental health care. The determination of spiritual needs and resources, evaluation of the impact of beliefs on healthcare outcomes and decisions, and discovery of barriers to using spiritual resources are all outcomes of a thorough spiritual assessment.**
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SPIRITUAL CARE ASSESSMENT MODELS—Interview Model

- ▶ **Spiritual Assessment Interview**
- ▶ **A. RELIGIOUS BACKGROUND AND BELIEFS**
- ▶ **1. What religion did your family practice when you were growing up?**
- ▶ **2. How religious were your parents?**
- ▶ **3. Do you practice a religion currently?**
- ▶ **4. Do you believe in God or a higher power?**
- ▶ **5. What have been important experiences and thoughts about God/Higher Power?**
- ▶ **6. How would you describe God/Higher Power? personal or impersonal? loving or stern?**
- ▶ **B. SPIRITUAL MEANING AND VALUES**
- ▶ **1. Do you follow any spiritual path or practice (e.g., meditation, yoga, chanting)?**
- ▶ **2. What significant spiritual experiences have you had (e.g., mystical experience, near-death experience, 12-step spirituality, drug-induced, dreams)?**
- ▶ **C. PRAYER EXPERIENCES**
- ▶ **1. Do you pray? When? In what way(s)?**
- ▶ **2. How has prayer worked in your life?**
- ▶ **3. Have your prayers been answered?**

SPIRITUAL CARE ASSESSMENT MODELS—FICA Model

- ▶ **Another approach to spiritual assessment uses the acronym FICA.**



F: FAITH AND BELIEFS

- 1) What are your spiritual or religious beliefs?**
- 2) Do you consider yourself spiritual or religious?**
- 3) What things do you believe in that give meaning to your life?**



I: IMPORTANCE AND INFLUENCE

- 1) Is it important in your life?**
- 2) How does it affect how you view your problems?**
- 3) How have your religion/spirituality influenced your behavior and mood during this illness?**
- 4) What role might your religion/spirituality play in resolving your problems?**



C: COMMUNITY


- 1) Are you part of a spiritual or religious community?**
- 2) Is this supportive to you and how?**
- 3) Is there a person or group of people you really love or who are really important to you?**




A: ADDRESS

- 1) How would you like me to address these issues in your treatment?**


SPIRITUAL CARE ASSESSMENT MODELS—HOPE Assessment Model

- ▶ **Yet another approach to spiritual assessment is entitled HOPE, where**
 - ▶ **H--sources of hope, strength, comfort, meaning, peace, love and connection**
 - ▶ **O--the role of organized religion for the patient**
 - ▶ **P--personal spirituality and practices**
 - ▶ **E--effects on medical care and end-of-life decisions**
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SPIRITUAL CARE ASSESSMENT MODELS—Integration

- ▶ **The above models can be incorporated into the Three Awareness Assessment model we utilize for spiritual health therapy at WOHS**
 - ▶ **At WOHS we require that you work with our assessment model become well-versed in its usage while incorporating other models/theories that enhance the process of assessment.**
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Assessing Spiritual Distress

- ▶ Spiritual distress or spiritual crisis occur when a client is unable to find sources of meaning, hope, love, peace, comfort, strength, and connection in life or when conflict occurs between their beliefs and what is happening in their life.
 - ▶ Spiritual despair is not the same as depression and cannot be remedied with psychotropic medication.
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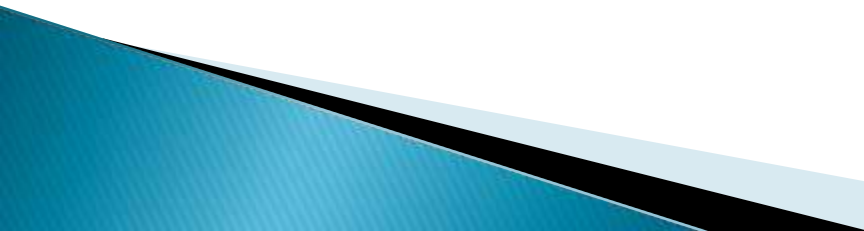
Assessing Spiritual Distress

- ▶ Spirituality is deeply personal and resides in an individual's deepest fears and aspirations.
- ▶ Hope here is not the same as having a “positive attitude.”
- ▶ Vaclav Havel stated: “hope is definitely not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.”


Healthy Hopelessness

- ▶ Shared concept in Buddhist teachings presented by Trungpa Rinpoche and in spiritual care literature by the Catholic theologian Gerald Calhoun.
- ▶ The wisdom of no escape, the path is truly the goal; are all concepts that bring us closer to this idea
- ▶ Meeting what is, letting go of fixing/changing--- emphasis more on companioning, walking along, inviting, exploring—are all essential to understanding and living with “healthy hopelessness.”

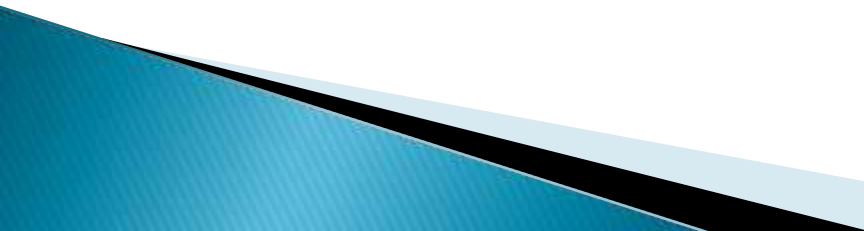
Healthy Hopelessness

- ▶ Attending clients with this perspective means that the emotional content, the story beneath the story, all become more essential and focused on in assessing and intervening.
 - ▶ The project of fixing, changing, helping etc., is let go; assessments become more related to “second attention.”
 - ▶ Traditionally thought of as moving a social conversation to a pastoral one; second attention is the ability to assess and intervene with attention to the processes underneath conceptual content.
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THREE AWARENESS APPROACH—ABCs of Spiritual Care

- ▶ We start with *a basic structure of a spiritual care visit* by using the ABC model adopted by many spiritual care professionals in trauma centres for its fast and efficient approach:
 - ▶ -A = Achieve Contact/Assessment
 - ▶ -B = Boil Down the Problem (with interventions)
 - ▶ -C = Comfort (with prayer, guided meditation, affirmation, bearing witness etc.)
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THREE AWARENESS APPROACH

- ▶ **The Three Awareness Model was developed overtime to both facilitate a fuller understanding of the inter-connected aspects of content in a visit as well as a mirror model for the spiritual health therapist's own process.**
 - ▶ **It is understood that we are continually working our own process as “we can only go as deep with another as we can with ourselves.”**
 - ▶ **Pursuing this ministry means seeing the “path” as the goal.**
 - ▶ **Developing our “second” attention, capacity for companionship, and experiencing the value of the concept of “healthy hopelessness,” becomes the “path.”**
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THREE AWARENESS APPROACH

- ▶ **THE THREE AWARENESSES:**
- ▶ **Spiritual Awareness-** A person's understanding of the meaning-making process, impact of religious/spiritual life on psycho-social behavior and attitude. Awareness of one's own ability/inability to process and integrate experience through theological reflection/process.
- ▶ **TOOLS:** Fowler's stages of faith, Spiritual assessment continuum, Peck's stages of faith, religious studies, Savage's Spiritual IQ, transpersonal psychology, Wilber's reality mapping, Savage's meta-story listening etc.


THREE AWARENESS APPROACH

- ▶ **Self Awareness-** The ability to understand one's functioning and capacity to reflect on personal history, personality and self projection. The ability to go beyond "insight" and integrate both weaknesses and strengths of self.
- ▶ **TOOLS:** Savage's Life Commandments, Enneagram Study, personality theory, birth order, psychology, Myer's/Briggs, self help, insight meditation etc.


THREE AWARENESS APPROACH

- ▶ **Inter-Personal Awareness-** one's capacity to understand systematic structures impacting behavior, ideology and social functioning. The awareness of family, culture, community and one's place within the framework of others.
- ▶ **TOOLS:** Peck's community stages, Savage's Dealing With Our Emotions, group theory, sociology, family systems theory, genograms, cultural study, diversity, role designation, family sculpture etc.

THREE AWARENESS APPROACH

- ▶ **THREE AWARENESS ASSESSMENT:**
 - ▶ **Spiritual Awareness**
 - ▶ **Self Awareness**
 - ▶ **Interpersonal Awareness**
 - ▶ **--We assess all three areas and come to expect their integrated relationship. While making an assessment you can begin with any awareness and it will become through practice apparent what the other two end up being**
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THREE AWARENESS APPROACH

- ▶ **Three Awareness approach related to a psycho-social model presented by De Jager Meezenbroek called the Spiritual Attitude and Involvement List (SAIL) that supports the idea that spirituality is a shared universal human experience for all.**
 - ▶ **Meezenbroek points out that the most essential elements of spiritual well-being are connectedness and occurs in three areas: connectedness with oneself; with others and with nature; and with the transcendent.**
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THREE AWARENESS APPROACH

- ▶ **Assessing Spiritual Awareness: What is a patient's awareness of their own process of meaning-making, religious/spiritual understanding, impact of belief system on health and perspective, etc.**
- ▶ **You can integrate didactic material and tools here to strengthen the assessment—For example where you assess they are on Fowler's stages of faith; What their perspective on (G)od is and its impact on viewpoint of health/outcomes; Clients use of conscious and unconscious metaphor when looking for meaning/purpose; the impact of identity/belief in stated religious faith; how patient interacts when you facilitate theological reflection, etc.**


THREE AWARENESS APPROACH

- ▶ **Assessing Self Awareness: What is a patient's understanding of self--How do they understand strengths and weaknesses; What level of self knowledge do they have of their own dynamics and impact of personality/self**
- ▶ **You can look at a patient's self awareness by engaging their meta-narratives/stories, clarifying life commandments and/or body language; utilize personality theory as a benchmark for client's self understanding (i.e. The Enneagram); Client's ability to reflect and dialogue etc.**

THREE AWARENESS APPROACH

- ▶ **Assessing Interpersonal Awareness: A patient's capacity or incapacity to understand the impact of systems, communities, culture, and/or context. The ability of the client to open, close or be neutral about connection with other persons and/or understand the impact of relationships internally and externally.**
- ▶ **Can use family systems theory; sociology; anthropology; Understand the development of life commandments through influence of family etc.; The client's awareness of impact of health outcomes beyond the self**


THREE AWARENESS APPROACH— Judgments or Assessments?

- ▶ **-Many of us from a religious standpoint want to pull away from our constant making of judgments and that is still a valued practice.**
 - ▶ **Unfortunately we still do it (make judgments)---so utilizing the facilities for better intention is in order.**
 - ▶ **Assessment is what we do when we want to connect to another. Judgment is what we do when we want to disconnect from another**
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THREE AWARENESS APPROACH

- ▶ **Understand the proper intention of assessment is to help us identify strategies and proper interventions. It is not a diagnosis and can be changeable---there is the initial assessment we make in the beginning and throughout the visit and then there is the written assessment which is done in the chart after the visit (and after some reflection on what has occurred).**
- ▶ *Interventions come out of initial assessments*
- ▶ *Chart notes are written assessments*

Spiritual Assessment Practice Implications

- ▶ **Spiritual Assessment is defined (again) as the process of gathering and synthesizing spiritual and religious information into a specific framework (for us here the three awareness model) that provides basis for, and gives direction to, subsequent practice decisions (interventions).**
 - ▶ **Hodge's four considerations to guide comprehensive spiritual assessment: client autonomy, cultural competence, spiritual norms and service provision, and spiritual salience.**
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Spiritual Assessment Practice Implications

- ▶ **Client Autonomy:** always respect a client's autonomy/authority/identity; client consent is important and we as well do not push an agenda (patient always has a way out)—client determines the pathway (how deep we go, when it is time to stop and other boundary considerations)
- ▶ **Cultural Competency:** respect client's worldview, beliefs, values etc.; be mindful of religious counter-transference (putting your values onto a client's experience and guiding); cultural sensitivity
- ▶ **Spiritual Norms and Provision:** do not stereotype or assume a client's identified religion is their spiritual awareness/practice.
- ▶ **Spiritual Salience:** Help clients draw from their own belief system; facilitate theological reflection that helps clients enhance *their* understanding etc.


INTERVENTIONS (from CASC STANDARDS)

- ▶ **1.3 Planning: Co-develop with the client(s) a spiritual care plan that complements and is integrated with inter-professional care plan, treatment and interventions.**
- ▶ *1.3.1 Determines the type and level of care/intervention appropriate and formulates a therapeutic direction(s).*
- ▶ *1.3.2 Attends to client's expectations and the involvement of loved ones in the care plan.*
- ▶ *1.3.3 Develops a safety plan.*
- ▶ *1.3.4 Develops personalized goals and objectives where relevant and appropriate to client situation.*
- ▶ *1.3.5 Ensures interventions are timely, based on informed therapeutic approaches and are related to appropriate community resources.*
- ▶ *1.3.6 Monitors progress.*
- ▶ *1.3.7 Responds to disruptions of the spiritual care relationship in a timely fashion.*
- ▶ *1.3.8 Monitors quality of the spiritual care relationship on an ongoing basis.*
- ▶ *1.3.9 Restores therapeutic direction when it is hindered or diminished.*
- ▶ *1.3.10 Integrates the practices of assessment, intervention and outcomes.*
- ▶ *1.3.11 Evaluates the therapeutic effectiveness of the Spiritual Care plan and interventions.*

INTERVENTIONS (From CASC Standards) cont:

- ▶ **1.4 Intervention: Provides a variety of interventions and approaches to spiritual care related to needs assessment and co-developed inter-professional care plans.**
- ▶ *1.4.1 Helps client evaluate role and function of spiritual/religious identity in their life.*
- ▶ *1.4.2 Helps client to identify spiritual strengths, vulnerabilities, resilience and resources.*
- ▶ *1.4.3 Facilitates exploration of a client's sense of purpose and meaning in life.*
- ▶ *1.4.4 Facilitates exploration of issues in relationships, moral distress and grief/loss.*
- ▶ *1.4.5 Facilitates contextualized meaning-making and sacred and religious interpretation.*
- ▶ *1.4.6 Utilizes spiritual/theological/faith reflection in exploring and making meaning of one's life situation and in bringing the unconscious to the conscious understanding when it is safe and appropriate.*
- ▶ *1.4.7 Fosters the client's independence and responsibility within the care team.*
- ▶ *1.4.8 Offers support and guidance for spiritual growth.*
- ▶ *1.4.9 Strengthens relational connections and fosters experiences of community.*
- ▶ *1.4.10 Enables reconciliation (e.g. conflict management, forgiveness, and relational growth).*
- ▶ *1.4.11 Assists client in their own creative expression of spirituality.*
- ▶ *1.4.12 Provides or facilitates prayer, rituals, rites, ceremonies, and services.*
- ▶ *1.4.13 Leads or facilitates spirituality-focused themed groups, workshops and studies.*

INTERVENTIONS:

- ▶ **Interventions include the skills used to B = Boil Down the Problem as well as the tools to help provide C = Comfort:**
 - ▶ **B = Boil Down the Problem;**
 - ▶ **There are three categories of interventions for boiling down the problem; support, clarification and confrontation.**
 - ▶ **ALL interventions are provided using “I” statements, and the “owning of perceptions.”**
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INTERVENTIONS

- ▶ **Support-** These interventions are the most comfortable and utilized by the beginning spiritual care student. They include affirming the authenticity present, empathic connections, encouraging the patient to continue etc.
- ▶ **-it is important to note that if you ONLY use support interventions then your are only 1/3 effective with clients. If you use only clarification interventions then you are only 2/3 effective---to be fully effective is to become effective in all three interventions**

INTERVENTIONS

- ▶ **Clarification-** Using perception checks to clarify content for both listener and story-teller, making sure that content is clearly investigated and not assumed (i.e., what does God mean?), and developing a stronger trust capacity through bringing attention to body language and other forms of indirect communication.

INTERVENTIONS

- ▶ **Confrontation (Challenge)-** We “confront” when we are invested in a person’s growth, not because we can. We make sure especially here to always be using “I” statements---we never corner a patient and make sure they always have a way out. We confront ambiguity and contradiction. Example: “I hear you telling me that you are okay, but I also see the tears in your eyes which to me it seems that you are not....” the patient here can deny there is a contradiction and we don’t push it---the patient will always make it clear when they are finished processing and we respect that boundary.


INTERVENTIONS

- ▶ **C = Comfort:** These interventions are the ways in which we end a visit. It can include prayer, ritual, guided meditation, but it does not need to---it can also include affirming the work done and setting the conditions up for follow up visits etc. When asked to provide prayer/ritual try to incorporate process from the visit if you can.

CHARTING

- ▶ **Documentation and Charting – (*Competency 5*)**
- ▶
- ▶ **Documents clinical assessments, interventions and referrals in a way that is understood by members of the inter-professional team. Keeps records and statistics in a timely manner; demonstrates clarity, skill and appropriate confidentiality in all paper/electronic correspondence.**
- ▶ ***5.1 Identifies the referral source and reason for initial assessment.***
- ▶ ***5.2 Differentiates fact from opinion.***
- ▶ ***5.3 Uses clear and concise language that respects whole person care.***
- ▶ ***5.4 Provides concise statements about the significance of appearance, voice quality, and/or non-verbal communication in clinical interactions.***
- ▶ ***5.5 Notes referral and/or follow-up plan.***
- ▶ ***5.6 Understands and employs confidentiality limits regarding stories and confessions.***
- ▶ ***5.7 Employs electronic communication as relevant to practice and maintains appropriate security in its use.***
- ▶ ***5.8 Maintains professional documentation on clients in a secure location and keeps records for an appropriately designated length of time.***
- ▶

CHARTING (CONT.):

- ▶ **There is the old adage: “If it is not charted it didn’t happen.” Charting is a vital component of developing inter-professional relationships, advocating for spiritual care in a clinical setting and most of all communicating essential information that other disciplines don’t have access to, or are not listening for.**
 - ▶ **When we chart we are communicating to the clinical team, not to our peers---we only chart essential information, not narratives or verbatims of visits—we avoid spiritual care jargon and articulate assessment and interventions in the clearest and most professional way**
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CHARTING

ALL Patient Notes must be written in FOCUS DARE format:

F= Focus Statement (Why you are there for example: Spiritual Care Assessment; Nurse Referral, On-call referral etc.)

D= Data (Spiritual Care Assessment: Spiritual, Self, Interpersonal)

A= Action taken (Interventions used)

R= Response of Patient/Client group to the intervention/contact

E= Evaluation and ongoing plans (for example; Will follow up as needed)

QUOTE:

- ▶ **Helping, fixing, and serving represent three different ways of seeing life:**
- ▶ **When you help, you see life as weak.**
- ▶ **When you fix, you see life as broken.**
- ▶ **When you serve, you see life as whole.**
- ▶ **Fixing and helping may be the work of the ego, and service the work of the soul.**
- ▶
- ▶ ***--Rachel Naomi Remen MD***

QUESTIONS???

- ▶ **Meditech training during orientation (make sure to continue using the provided guide until you become comfortable and effective in chart notes)**
 - ▶ **Skill lectures throughout program**
 - ▶ **Follow-ups by passing along chart notes to supervisor for evaluation in first weeks (or throughout program if needed)**
 - ▶ **Library resources related to content in the program as well as each skill set**
 - ▶ **By Mid-term expected to be effectively utilizing Three Awareness model in assessments/verbatim/process etc.**
- 