Spiritual Assessment in Palliative Medicine and End-of-Life Care

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Presented to: Insert relevant presenter information Calibri 16pt

June 24, 2017 Month day, Year Presented by: Insert relevant presenter information here

Workshop Objectives

- 1. Describe the limitations of current approaches to spiritual
- ${\bf 2.}\ Utilize\ a\ new\ model\ to\ quantitatively\ assess\ the\ unmet\ spiritual$ needs of a Palliative Medicine patient.
- 3. Evaluate the strengths and limitations of a quantifiable model for assessing unmet spiritual needs in patients receiving palliative care. \\

Current Approaches to Spiritual Assessment







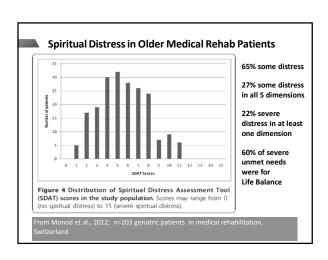


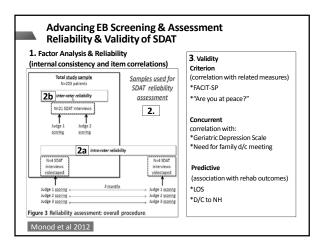




Limitations of Current Practice in Spiritual Assessmer		
Current Practice	Revised Practice	kationale
One-size fits all	Multiple condition specific assessments	Recent research about R/S needs in specific clinical populations supports condition-specific assessment
Narrative	Quantifiable	Communication with colleagues is thwarted by narrative models whose assessments are too long and use chaplain jargon
		Identify degrees of R/S destress and R/S resources in order to inform care plan
		Describe change in R/S distress or other symptoms in response to chaplain/spiritual care
		Acceptable to patients
Inefficient	Useful	Acceptable to chaplains: helpful guide to spiritual care; consistent with identity and education
		Provides information valued by other clinicians
Local	Universal	The same model is used by all chaplains working with patients with this condition

	Patient Interview		
Spiritual Needs Model	Set of Questions for patient interview	Scoring	
MEANING NEED FOR LIFE BALANCE	Are you having difficulty with what is happening to you now (hospitalization, illness)?	Score = 0 No evidence of unme	
TRANSCENDENCE NEED FOR CONNECTION	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?	need for life balance Score = 1 Some evidence of unmet need for life	
VALUES NEED FOR VALUES ACKNOWLEDGEMENT	Do you think that the health professionals caring for you know you well enough? Score = 2		
NEED TO MAINTAIN CONTROL	Do you feel you are participating in the decisions made about your care?	Substantial evidence of unmet need for life balance	
PSYCHO-SOCIAL IDENTITY NEED TO MAINTAIN IDENTITY	Do you have any worries or difficulties regarding your family or other persons close to you? Do you feel lonely? Could you tell me about the image you have of yourself in your current situation (illness,	Score = 3 Evidence of severe unmet need for life balance	





Developing Palliative Care Spiritual Assessment Outgrowth of Coleman Palliative Education Project Used SDAT framework Spiritual Concerns from Steinhauser et al QUAL-E (preparation & completion) Pargament – R/s Struggles Revisions based on monthly case discussions

Theme	Descriptions Sc		
Need for meaning in the face of suffering	 The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g., grief related to key relationships, illness, frailty, dependency)³ (The focus here is on coming to terms with illness, loss, diminishment. If the issue is about the meaning of their life then score under Legacy.) 		
Need for Integrity, a Legacy, Generativity ¹	The patient questions the meaning of their life; whether the life they have lived has meaning. Patient has painful regret about some or all of life they have lived lift the regret is about a relationship where reconcilation is possible it is OK to score this concern here as well as under Concern about Family) The patient questions whether they have made a positive contribution to loved ones, others, or society. The patient has tasks they must complete before they are ready to die (if the tasks are interpersonal score under Concerns about Family or Significant Other.) Reminiscing about their life is painful for the patient. Patient is distressed about having lived an imperfect life. (if the regret, conflict or discomfort focuses on current illness, code under Need for Meaning in the Face of Soffering.)		
Concerns about family and/or significant others	 The patient has unfinished business with significant others (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation; unfuffilled expectations of others). (Regrets about relationships where reconciliation is unlikely should only be scored under Legacy). The patient has concerns about their family's ability to cope without them. The patient has concern that they are a burden to their family. The patient expresses unwanted isolation, loneliness. 		

Spiritual Concerns in Palliative Care Theme Descriptions The patient has concerns about dying: unready for death, impatient for death, the patient is concerned to participate in important events before death; the patient is concerned lines or death will prevent participation in important events. Participation of the patient is concerned lines or death will prevent participation in important events. Participation of the patient is concerned about the about life after death (afraid of damnation; concerned about reunion with loved ones). The patient has lear or pain or of pain in dying. The patient has feet or pain or of pain in dying. The patient needs assistance with values-based advance care planning. The patient so confused or distressed about end-of-life treatment. The patient wonders whether they are being abandoned or punished by God. The patient wonders whether they are being abandoned or punished by God. The patient questions God's love for them. The patient questions God's love for them and the patient death of them. The patient text presses angre with God. The patient

Spiritual Concerns in Palliative Care

This assessment focuses on the patient as an individual and is not meant to:

- * aid in assessment of a family or
- * to be a comprehensive assessment of interpersonal issues that are sometimes the focus of attention for chaplains working in palliative care

This assessment is meant to:

- $\boldsymbol{*}$ assess $\underline{\text{explicit}}$ spiritual concern; and can note area for future inquiry
- * focus on \underline{unmet} spiritual need; need \underline{minus} resources







Spiritual Concerns in Palliative Care

Scoring spiritual concerns:

- 0 = no evidence of spiritual concern;
- 0* = no evidence of spiritual concern, further assessment to be sure;
- 1 = some evidence of spiritual concern;
- 2 = substantial evidence of spiritual concern;
- 3 = evidence of severe spiritual concerns



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Case Study Process Hear the case Use the template to assess (score) the case Report out on each of the 7 categories of spiritual concerns by a show of hands Discussion: Consensus on Scoring Absence of consensus on scoring Rationale for differences in scoring

