Workshop, APC annual meeting, 2017

Title: Spiritual Assessment in Palliative and End-of-Life Care
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Description:
Chaplains have begun to recognize the limitations of one-size-fits-all, narrative models for spiritual assessment. A team of Chicago-area palliative care chaplains participating in the Coleman Palliative Medicine Training Program are developing a quantifiable model for assessing and reporting unmet spiritual needs in patients receiving palliative care. We will describe the model, its conceptual foundations and its development. Workshop participants will have the opportunity to use the model to assess unmet spiritual needs in a patient receiving palliative care. The strengths and weaknesses of the model, as well as areas for future research in spiritual assessment in palliative care, will be discussed.

Educational Objectives: As a result of this educational opportunity participants will be able to:
1. Describe the limitations of current approaches to spiritual assessment.
2. Utilize a new model to quantitatively assess the unmet spiritual needs of a palliative care patient.
3. Evaluate the strengths and limitations of a quantifiable model for assessing unmet spiritual needs in patients receiving palliative care.

Workshop Outline

I. Background
   a. Three limitations of current approaches to spiritual assessment
      i. One size fits all: use of the same model across diverse clinical contexts.
      This made sense 20 years ago prior to research about religious/spiritual needs in different clinical contexts. Research in recent years now permits assessment tools to begin with key needs that have been reported in different clinical contexts.
      ii. Narrative approaches to assessment
      Current approaches to spiritual assessment employ narrative reports. Frequently these are too long and employ too much jargon to communicate effectively with colleagues in other disciplines.
      iii. Not quantifiable
      Most current approaches to spiritual assessment have no quantification of spiritual need or pain. This prevents the documentation of: 1) acuity of spiritual need in specific clinical areas and 2) any change in spiritual need or pain that may be attributable to chaplaincy care

   b. Alternative Model
   The Spiritual Distress Assessment Tool (SDAT; Monod et al., 2010, 2012) is an example of an alternative model, developed by a multi-disciplinary team in Switzerland that is: 1) specific for one clinical context (geriatric medical rehabilitation); 2) yields a score for unmet spiritual needs; and 3) has been tested for validity and reliability

II. New Model for Assessing Unmet Spiritual Needs in Palliative Care
   a. Developing Model for Spiritual Assessment in Palliative Care
   Our team was brought together through the Coleman Palliative Medicine Education project. We used that opportunity to work together on developing a model of assessing unmet spiritual needs for patients in palliative care
   b. Conceptual Foundations of Model

Our initial approach to assessing unmet spiritual needs in palliative care was based on several other projects

i. SDAT format
We borrowed the format of the SDAT to help us: 1) focus on a few key dimensions of unmet spiritual need and 2) to utilize their simple scoring of level of unmet need

ii. Key themes regarding preparation for death and life completion
We borrowed several dimensions about preparation for death and life completion from the work of Karen Steinhauser and colleagues (Steinhauser et al 2004)

iii. We also added an additional dimension related to religious/spiritual struggle based on the work of Ken Pargament

c. Development of our model

We used a case study approach to develop the model. In monthly conference calls we assessed a case contributed by a member of our team. Each person on the team used the model to assess the case we were discussing. Additions and revisions to the model were made when we found the model was not helping us with the assessment of that case. Discussion of our different assessments also helped us develop greater consistency in our assessments

III. Description of Current Model

The current version of our model has 7 dimensions. Here is a list of those dimensions and an illustrative question for each.

a. Need for meaning in the face of suffering; Integrity

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)

b. Concerns about family and/or significant others

The patient has unfinished business with significant others (need to overcome estrangement, need to express forgiveness, need for reconciliation, regrets about relationships).

c. Need for a Legacy; Generativity

The patient questions whether they have made a positive contribution to loved ones, others, or society.

d. Concern or Fear about Dying or Death

The patient has concerns about dying: unready for death, impatient for death

e. Issues Related to Making Decisions About Treatment

The patient needs assistance with values-based advance care planning

f. Religious/Spiritual Struggle

The patient is concerned about God's judgment, forgiveness, and/or love

g. Other Dimensions

E.g., The patient needs assistance to perform important rituals

IV. Application to a Case Study

We will provide a case vignette of a palliative care patient who has been visited by a chaplain. In small groups workshop participants will use the model to generate an assessment of unmet spiritual needs in the case. We will hear the assessments from the small groups and discuss them. We will consider what the assessments indicate about the strengths and weaknesses of the current version of the model

V. Discussion and Summary

We will review the strengths and limitations of our model for assessing unmet spiritual needs in patients receiving palliative care. We will also suggest that other teams of chaplains with other areas of clinical interest can replicate our process and thereby advance evidence-based spiritual assessment in chaplaincy care