Screening for Spiritual Struggle

Association of Professional Chaplains

September 23, 2009

Rev. James L. Risk III BCC
George Fitchett DMin PhD BCC
Screening for Spiritual Struggle

Rev. James L. Risk III BCC
James_L_Risk@Rush.edu
Executive Director
Bishop Anderson House and
Assistant Professor
Department of Religion, Health, and Human Values
Rush University Medical Center, Chicago, IL

George Fitchett DMin PhD BCC
George_Fitchett@rush.edu
Associate Professor and Director of Research,
Department of Religion, Health, and Human Values
Rush University Medical Center, Chicago, IL
Workshop Outline

- Challenges for Chaplains
- Vignettes about Spiritual Struggle
- Research about Spiritual Struggle
- Your Questions about the Research
- Spiritual Struggle Screening Protocol
- Your Questions about Screening for Spiritual Struggle
In what type of institution do you work? (Please select one.)

- teaching hospital
- community hospital
- specialty hospital (e.g. peds, oncology, rehab, behavioral med)
- hospice
- long term care
- other
Where is your workplace located?  
(Please select one.)

East
South
Midwest
West
How many people are participating in this Webinar at your center?
(Please select one.)

1-2 people

3-4 people

5 or more people
Challenges for Chaplains

• How did you decide which patients to see this week?

• How did the staff you work with determine who to refer and who not to refer?

• What evidence did you generate this week that your ministry made a difference in measurable patient outcomes?
• Spiritual Struggle is recognizable as loss of meaning and purpose, despair, anger at God, grief or loss, hopelessness, feeling punished or abandoned by God, guilt or reconciliation…
• “My sister died six months ago. Why did God take her and leave me? I’m just taking up space (tearfully). I have done everything I’m supposed to, but this disease…” 76-year-old patient with Parkinson’s disease
“Why has God done this? I’ve been a good person…What did I do to deserve so much suffering?.. (sobbing) Oh, I’m so confused. I’m angry at God. Why did I have to lose my leg? And thankful, too. I’m alive. Oh, (muffled sobs) I don’t know.”

42-year-old mother with bone cancer
• “I have asked ‘Why me’ many times in the past year. Why is God doing this?..I know He doesn’t give us more than we can handle...If you just fix the problem with my incontinence, I’ll take all the pain that recovery dishes out.”

40-year-old cancer patient after six-month hospitalization.
Anger with God and Rehabilitation Recovery

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>not at all</th>
<th>somewhat</th>
<th>quite a bit</th>
<th>a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>I wondered whether God had abandoned me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>I felt punished by God for my lack of devotion.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>I wondered what I did for God to punish me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>I questioned God’s love for me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>I wondered whether my church had abandoned me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>I decided the devil made this happen.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>I questioned the power of God.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Pargament et al, 1998
Perceptions of Spiritual Struggle in Your Patients

1. Among the patients you visited in the past two weeks, in what proportion did you observe spiritual struggle?  (Please select one.)

   None
   Between 1% and 9%
   Between 10% and 24%
   Between 25% and 49%
   50% or more
   Not applicable (didn't visit patients)
2. Among patients you visited in the past two weeks who expressed spiritual struggle, was it:
(Please select one.)

- Spiritual struggle related to their illness/hospitalization.
- Spiritual struggle that pre-dated this illness and/or hospitalization
- Both
- Neither

(Only one answer allowed)
3. Ken Pargament describes three types of spiritual struggle. If you heard patients express spiritual struggle in the past two weeks, which of these types did your patients express? (Please check all that apply.)

- Struggle with the Divine. (e.g. feeling abandoned by God, punished by God, angry with God)
- Spiritual struggle with other people (e.g. conflict with people with religious/spiritual authority, betrayal by people with religious authority)
- Intrapersonal spiritual struggle (e.g. religious doubts, guilt)
Religious Coping and Health Status in Hospitalized Older Adults (N= 577)

<table>
<thead>
<tr>
<th>Negative Religious Coping</th>
<th>Depressed Mood</th>
<th>Quality of Life</th>
<th>Self-Rated Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punishing reappraisal</td>
<td>.25***</td>
<td>-.17***</td>
<td>-.12**</td>
</tr>
<tr>
<td>Demonic reappraisal</td>
<td>.17***</td>
<td>-.10**</td>
<td>-.12**</td>
</tr>
<tr>
<td>Reappraisal of God's Power</td>
<td>.15***</td>
<td>-.16***</td>
<td></td>
</tr>
<tr>
<td>Passive religious deferral</td>
<td>.09*</td>
<td>-.06</td>
<td></td>
</tr>
<tr>
<td>Self-directed religious coping</td>
<td>.22***</td>
<td>-.19***</td>
<td></td>
</tr>
<tr>
<td>Spiritual discontent</td>
<td>.22***</td>
<td>-.18***</td>
<td></td>
</tr>
<tr>
<td>Interpersonal religious discontent</td>
<td>.27***</td>
<td>-.21***</td>
<td>-.12**</td>
</tr>
<tr>
<td>Pleading for direct intercession</td>
<td>.10*</td>
<td>-.04</td>
<td>-.14**</td>
</tr>
</tbody>
</table>

Values are standardized betas from regression models that included demographic variables, and for depressed mood and quality of life, severity of illness.

*p<.05, **p<.01, ***p<.001
Koenig et al., 1998, Jnl of Nervous and Mental Disorders
Two Year Change in Religious Struggle and Its Effects on Outcomes Among Elderly Medically Ill Patients

<table>
<thead>
<tr>
<th>Group</th>
<th>Any Religious Struggle At</th>
<th>2 Year Follow-Up</th>
<th>Number</th>
<th>Percent</th>
<th>Outcome at Follow-Up*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Struggle</td>
<td>No</td>
<td>No</td>
<td>94</td>
<td>39%</td>
<td>reference group</td>
</tr>
<tr>
<td>Transitory Struggle</td>
<td>Yes</td>
<td>No</td>
<td>40</td>
<td>17%</td>
<td>ns</td>
</tr>
<tr>
<td>Acute Struggle</td>
<td>No</td>
<td>Yes</td>
<td>44</td>
<td>18%</td>
<td>ns</td>
</tr>
<tr>
<td>Chronic Struggle</td>
<td>Yes</td>
<td>Yes</td>
<td>61</td>
<td>26%</td>
<td>&gt; depression &lt; depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; functional limitations &lt; quality of life</td>
</tr>
</tbody>
</table>

*Models adjusted for demographic factors and baseline values.

Source: Pargament et al, Journal of Health Psychology, 2004
Religious Struggle as a Predictor of Mortality (n=567)

Model 1. Positive religious coping, religious struggle, demographic factors, physical health, mental health

Adjusted RR = 1.06  95% CI = 1.01 - 1.11

Model 2. Model 1, plus frequency of church attendance

Adjusted RR = 1.05  95% CI = 1.00 - 1.10

Pargament et al., 2001, Arch Intern Med
Religious Struggle among Stem Cell Transplant Patients

<table>
<thead>
<tr>
<th>Post-Transplant Outcome</th>
<th>Predictors*</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Neg Relig Cope</td>
<td>.21*</td>
</tr>
<tr>
<td>Depression</td>
<td>Neg Relig Cope</td>
<td>.26*</td>
</tr>
<tr>
<td>Emotional WB</td>
<td>Neg Relig Cope</td>
<td>-.22*</td>
</tr>
</tbody>
</table>

*Models adjusted for baseline value of outcome
N=94 myeloma patients who received autologous stem cell transplant
Average time between pre and post-transplant was 3.4 months (SD 2.9).
Sherman et al, J Behav Med, 2009
Increases in Religious Struggle and Post-Transplant Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>$\beta^a$</th>
<th>Adj R$^2$ for Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>.21*</td>
<td>.31</td>
</tr>
<tr>
<td>Functional WB</td>
<td>-.23**</td>
<td>.29</td>
</tr>
<tr>
<td>Emotional WB</td>
<td>-.20*</td>
<td>.20</td>
</tr>
<tr>
<td>Physical WB</td>
<td>-.29*</td>
<td>.12</td>
</tr>
</tbody>
</table>

$^a$Regression coefficient for patients with increased negative religious coping (21%) compared with those whose negative religious coping decreased (23%) or was stable (56%). Models adjusted for baseline values of outcome. N=94 myeloma patients who received autologous stem cell transplant

Sherman et al, J Behav Med, 2009
Religious Struggle and Emotional Distress

<table>
<thead>
<tr>
<th></th>
<th>Diabetic Outpatients</th>
<th>CHF Outpatients</th>
<th>Oncology Inpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychological distress (PAID)</td>
<td>.31*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>depressed mood (CMDI)</td>
<td>.35**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emotional symptoms (LHFQ)</td>
<td></td>
<td>.30*</td>
<td></td>
</tr>
<tr>
<td>depression (POMS)</td>
<td></td>
<td>.42***</td>
<td>.22*</td>
</tr>
<tr>
<td>anxiety (POMS)</td>
<td>.32*</td>
<td></td>
<td>.16</td>
</tr>
<tr>
<td>hostility (POMS)</td>
<td>.29*</td>
<td></td>
<td>.16</td>
</tr>
<tr>
<td>emotional well-being (FACT-G)</td>
<td></td>
<td></td>
<td>-.23*</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001

Values are partial correlations, adjusted for age and gender.

From Fitchett et al, 2004
## Prevalence of Religious Struggle

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7 items scored &quot;not at all&quot;</td>
<td>123</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>1 item scored &quot;quite a bit&quot; or &quot;a great deal,&quot; or 1 or more items scored &quot;somewhat&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>80</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>2 items scored &quot;quite a bit&quot; or &quot;a great deal&quot;</td>
<td>17</td>
<td>7%</td>
</tr>
<tr>
<td>High</td>
<td>3 or more items scored &quot;quite a bit&quot; or &quot;a great deal&quot;</td>
<td>18</td>
<td>8%</td>
</tr>
</tbody>
</table>

From Fitchett et al, 2004
Religious Struggle and Depression

Religious Struggle recoded into 3 groups

None (56%)
1-2 points (11%)
3+ points (33%)

N=100 oncology in-patients
Isn’t Religious Struggle Really Just Depression?

The size of the correlations between religious struggle and depression in our study (r from 0.22 to 0.42) suggest religious struggle is associated with but cannot be reduced to depression.

Religious struggle predicts both poor recovery and mortality in models which adjust for depression.
Summary

Religious/spiritual struggle

- compromises emotional adjustment to illness and quality of life
- may compromise recovery
- may increase risk of mortality
Discussion
Three Levels of Clinical Inquiry About Religion/Spirituality

• screening for religious struggle
• religious/spiritual history taking
• spiritual assessment

Massey, Fitchett, and Roberts, 2004
Screening for R/S Struggle

Screening for R/S struggle is an attempt to identify patients who may be experiencing R/S struggle. Screening for R/S struggle employs a few simple questions that can be asked by health care colleagues.
Others Chaplain Models for Screening

• **Older Models**
  - Stoddard, 1993
  - Derrickson, 1994-1995
  - Berg, 1994, 1999
  - Hodges, 1999
  - Wakefield & Cox
  - Fitchett Review, Chaplaincy Today, 1999

• **Newer Models**
  - Grossoehme, 2008
  - Ledbetter, 2008
Spiritual Distress: NANDA

Definition
Disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biological and psychosocial nature.

Related factors [etiology]
Separation from religious and cultural ties
Challenged belief and value system (e.g., result of moral or ethical implications of therapy or result of intense suffering)

Defining characteristics
Expresses concern with meaning of life and death and/or belief system
Anger toward God (as defined by the person)
Questions meaning of suffering
Verbalizes inner conflict about beliefs
Unable to choose or chooses not to participate in usual religious practices
Regards illness as punishment
Does not experience that God is forgiving
Religious Struggle and DSM-IV

Additional Conditions that May Be a Focus of Clinical Attention

V62.89 – Religious or Spiritual Problem

“This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution” (emphasis added).
Screening Protocol

Pilot Research Project - Spiritual Struggle
Protocol to Assess Need for Spiritual Care
6N JRB

1. Is religion or spirituality important to you as you cope with your illness?
   YES
   NO

2. How much strength/comfort do you get from your religion/spirituality right now?
   a) all that I need
   b) somewhat less than I need
   c) much less than I need
   d) none at all
   (For either of these two answers, go to question 3)
   (For either of these two answers, thank the patient and check #3 on follow-up)

3. Would you like:
   a) a visit from a chaplain? (if YES, thank the patient for his/her time and check #1 on follow-up)
   b) to have communion brought? (if YES, thank the patient for his/her time and check #2 on follow-up)
   If NO, patient doesn’t want any follow-up, thank them for their help and return this form to folder.

Follow-up: (Screener check one)
1. _____ Request routine follow-up
2. _____ Request communion
3. _____ Spiritual Assessment required.

Notes: ____________________________
## Results from Spiritual Struggle Screening Protocol

<table>
<thead>
<tr>
<th>Study Phase</th>
<th>Screening Administered By</th>
<th>Number (%) of New Admissions Screened</th>
<th>Cases of Spiritual Struggle Identified by Screening</th>
<th>Cases of Spiritual Struggle Confirmed by Chaplain Assessment</th>
<th>Other Spiritual Care Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>PCT</td>
<td>78/159 (49%)</td>
<td>4/78 (5%)</td>
<td>4/4 (100%)</td>
<td>51/78 (65%)</td>
</tr>
<tr>
<td>(January-March)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase II</td>
<td>Medical Resident</td>
<td>10/46 (22%)</td>
<td>0/10 (0%)</td>
<td>N/A</td>
<td>2/10 (20%)</td>
</tr>
<tr>
<td>(July &amp; August)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase III</td>
<td>Psychology Intern</td>
<td>85/108 (79%)</td>
<td>8/85 (9%)</td>
<td>7/8 (88%)</td>
<td>52/85 (61%)</td>
</tr>
<tr>
<td>(September-December)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fitchett and Risk, Journal of Pastoral Care and Counseling, 2009
Patient/Family Satisfaction Scores Before and During Pilot Study

<table>
<thead>
<tr>
<th></th>
<th>Before Pilot Study (Jan 2004-Dec 2005)</th>
<th>During and After Pilot Study (Jan 2006-Jan 2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff addressed emotional needs</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Staff addressed spiritual needs*</td>
<td>79%</td>
<td>96%</td>
</tr>
<tr>
<td>Chaplain (satisfaction with)</td>
<td>93%</td>
<td>91%</td>
</tr>
</tbody>
</table>

*Difference in Before vs During responses is marginally significant (2-sided Fisher’s Exact Test, p=0.06).
Fitchett and Risk, Journal of Pastoral Care and Counseling, forthcoming
## Compare Rush Screening Protocol and Social Work Assessment

<table>
<thead>
<tr>
<th></th>
<th>Religious Struggle</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rush Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Chaplain Visit</td>
<td>Religious Struggle</td>
<td>2 (8%)</td>
<td>8 (31%)</td>
<td>16 (62%)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>0 (0%)</td>
<td>27 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
<td>45 (96%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2 (2%)</td>
<td>37 (37%)</td>
<td>61 (61%)</td>
</tr>
</tbody>
</table>

*aPercents in the body of the table are row percents. That is, the percent of each Rush Screening Protocol group in each social work assessment category.*

N=100 HSCT patients
With appreciation to Chaplain Stephen King, Seattle Cancer Care Alliance.
Watch for his workshop on this project at 2010 APC annual meeting.
Two-Tier Model for Spiritual Care

- A two-tier process of screening and, if indicated, spiritual assessment
- Responsible screening and intervention
PILOT RESEARCH PROJECT: SPIRITUAL STRUGGLE
Protocol to Assess Need for Spiritual Care
6N & 7S JRG

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

   YES
   → 2. 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 & order spiritual assessment & check #3 on follow-up

   NO
   → 4. Has there ever been a time when religion/spirituality was important to you?

      YES
      → 5. Would you like a visit from a chaplain?

         YES
         ▶ Thank patient & order chaplain visit

         NO
         ▶ Thank patient for their time

      NO
      → Thank patient & order chaplain visit

5. Would you like a visit from a chaplain?

   YES
   → Thank patient & order chaplain visit

   NO
   → Thank patient for their time

FOLLOW-UP (Screener check one)

1. ___ Request routine follow-up
2. ___ Request communion
3. ___ Spiritual Assessment required

NOTES: ________________________________
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>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 2002
Available from Academic Renewal Press, Lima, Ohio
www.arpress, 1-800-537-1030
Discipline for Pastoral Care Giving – Arthur Lucas, 2001

Profile

• Concept of Holy
• Meaning
• Hope
• Community
Pastoral Responses to Religious Struggle

- **Assess**
  - source of struggle
  - duration: new, transient, leading to growth, chronic
  - available resources

- **Giving Voice, Being Heard**
  - muteness, lament, companionship

- **Finding Meaning**
  - creating a new narrative, a new future story
  - Including pt’s positive coping strategies, increased awareness of effect on internal and external environment, and capacity for living in tension with new reality posed by diagnosis, illness, and loss.
Conclusions

• The screening protocol had a high level of accuracy (specificity) for identifying patients in the midst of Spiritual Struggle.

• The screening protocol had a high level of effectiveness in identifying patients who were interested in receiving pastoral care.

• PCTs and Resident Physicians appeared not to be the appropriate staff to administer the protocol in this institution.

• Screening questions can be simplified to reduce protocol non-compliance.

• Screening Protocol subject to false negatives when patient has underdeveloped spirituality.
• This screening protocol was highly effective in directing limited pastoral care resources to patients who could most benefit from pastoral care during hospitalization.
## Screening for Spiritual Struggle and Aims for Quality Improvement

<table>
<thead>
<tr>
<th>Aim</th>
<th>Aims for quality improvement from the Institute of Medicine 2001 report, <em>Crossing the Quality Chasm</em>. The protocol does not explicitly address Aim #1: Care is Safe, or Aim #6: Care is Equitable. A summary of the report is available at <a href="http://iom.edu/CMS/8089/5432/27184.aspx">http://iom.edu/CMS/8089/5432/27184.aspx</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim #2:</strong> Care is Effective</td>
<td><strong>Screening Protocol</strong>&lt;br&gt;A) The protocol is based on research indicating the harmful effects of spiritual struggle.&lt;br&gt;B) A pilot study has tested the effectiveness of the protocol.</td>
</tr>
<tr>
<td>(evidence based)</td>
<td></td>
</tr>
<tr>
<td><strong>Aim #3:</strong> Care is Patient-Centered</td>
<td>Use of the protocol increases the likelihood that patient’s preferences for spiritual care services are respected.</td>
</tr>
<tr>
<td><strong>Aim #4:</strong> Care is Timely</td>
<td>The protocol reduces the time between admission and referral for spiritual care or assessment.</td>
</tr>
<tr>
<td><strong>Aim #5:</strong> Care is Efficient</td>
<td>The protocol makes efficient use of nonchaplain healthcare staff to reduce the time chaplains spend in case finding</td>
</tr>
</tbody>
</table>
Describe screening at your center.

1. Does your workplace have any process for screening and referrals to chaplains?

(Please select one.)

No

Yes
2. If yes, who does the screening? (Please select one.)

- RN
- Social Worker
- Other staff
- Volunteer
- Patient self-assessment
3. If yes, what is the process for screening and referral? (Please select one.)

- Automatic referral from data entered in computer.
- Staff records data (paper or electronic) and notify chaplain (electronic or phone).
- Staff records data (paper or electronic) and chaplain checks records on units.
Discussion 2

– Questions about the Screening Protocol
Implications for Health Professionals

Clinicians should be alert to indicators of religious struggle, and inquire about it in their initial assessments.

“Is religion or faith important to you?”

If no, “Has that always been the case?”

Where patients’ responses indicate possible religious struggle, consider referral to a chaplain.
Further Research on Spiritual Struggle

Descriptive
• Conceptualization and measurement
• Screening
• Prevalence in specific populations
• Correlates
• Trajectory

Spiritual Care
• Intervention

*What, if anything, helps people resolve R/S struggle?*
Challenges for Chaplains

• How did you decide which patients to see this week?

• How did the staff you work with determine who to refer and who not to refer?

• What evidence did you generate this week that your ministry made a difference in measurable patient outcomes?
Further Information about Religious Struggle at the 2010 APC Annual Meeting

Plenary Speaker
Kenneth Pargament

Pre-Conference Workshop
Introduction to Pastoral Research
- G Fitchett & P Murphy

90 Minute Workshop
Screening for Religious/Spiritual Struggle in Stem Cell Transplant Patients
- S King & G Fitchett
Questions and Answers

Discussion

• Participant Questions
• Other definitions of Spiritual Struggle?
• Spiritual Struggle - effective interventions?
Thank you for participating in today’s Professional Chaplaincy Webinar.

You will be e-mailed a link to a brief evaluation form within the next two days, along with a link to the downloadable audio recording and presentation materials.


Koenig, HG, Pargament, KI, and Nielsen, J. Religious Coping and Health Status in Medically Ill Hospitalized Older Adults. *Journal of Nervous and Mental Disease* 1998;186:513-521.


**Additional References**
