

Spiritual Care Interventions



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Spiritual Care Interventions

Understanding “Intervention”
Types of Spiritual Care Interventions
Challenges for Spiritual Care Interventions



Understanding Spiritual Care Interventions

Farlex Partner Medical Dictionary © Farlex 2012:

“An action or ministration that produces an effect or is intended to alter the course of a pathologic process.”

Segen's Medical Dictionary. © 2012:

“Anything meant to change the course of events for a person: surgery, a drug, a test, a treatment, counseling, providing informational pamphlets.”

Public health:

“An act or procedure capable of reducing injury or improving health.”

Dorland's Medical Dictionary for Health Consumers. © 2007:

“The act or fact of interfering so as to modify.”

“Any measure whose purpose is to improve health or alter the course of disease.”

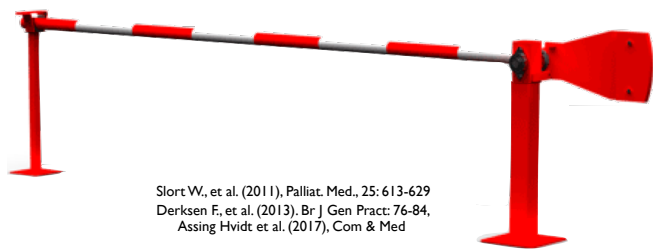
Types of Spiritual Care Interventions

Training Courses
Training Course Material
Spiritual Screening
Spiritual History Taking
Spiritual Assessment
Communication Tools
Leadership Models
Patient Courses



Barriers:

- Lack of time
- Lack of training
- Lack of language
- Fear of crossing professional boundaries
- Lack of self reflection



Article

The NERSH International Collaboration on Values, Spirituality and Religion in Medicine: Development of Questionnaire, Description of Data Pool, and Overview of Pool Publications

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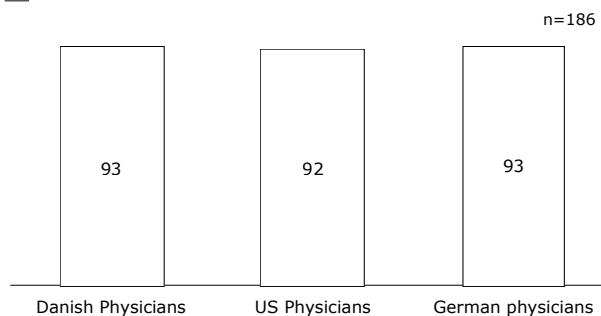
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⁵ Research Centre Spiritual Care, Department of Psychosomatic Medicine and Psychotherapy, The University Hospital Klinikum rechts der Isar, Langerstr. 3, Munich 81675, Germany; Eckhard.Frick@tum.de

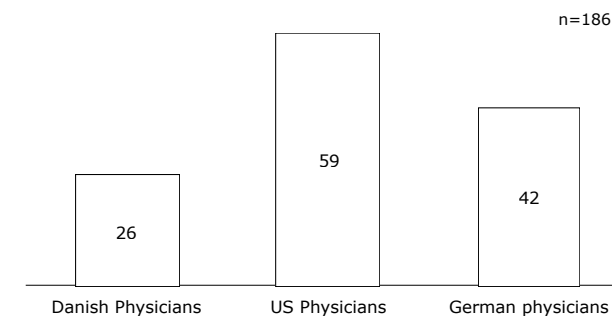
To what extent do you agree or disagree with the following statement?
 I would feel comfortable discussing a patient's/relative's religious/spiritual concerns
 if the patient/relative brought them up.

Yes

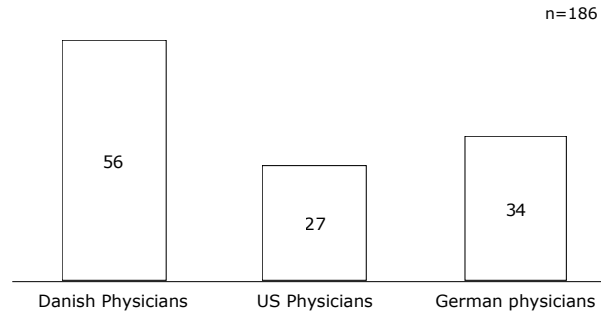


Do you believe there is a life after death?

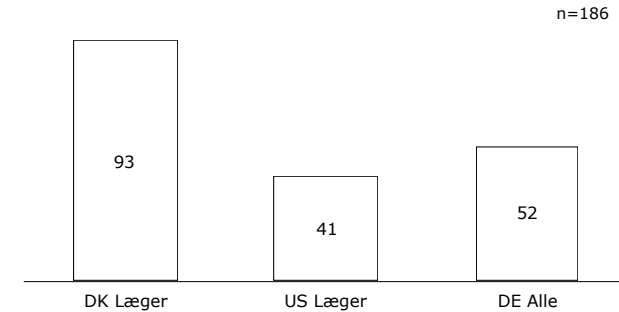
Yes



When religious/spiritual issues come up in discussions with patients/
relatives, how often do you respond in the following ways?
I respectfully share my own religious ideas and experiences.
Never



Overall, do you think the amount of time you spend addressing
religious/spiritual issues is:
The right amount



Spiritual Care Courses

Puchalski CM, Larson DB. Developing curricula in spirituality and medicine. *Academic Medicine*. 1998;73(9):970-41.

Puchalski C. Spirituality and Medicine: Curricula in Medical Education. *Journal of Cancer Education*. 2006;21(1):14-81.

Spiritual Care Courses

Hvidt EA, ...Hansen DG, Hvidt NC. Developing and evaluating a course programme to enhance existential communication with cancer patients in general practice. *Scand J Prim Health Care*. 2018;36(2):142-51.

Prinds C. Optimization of existential communication in obstetrics [Post-doc]. Odense: University of Southern Denmark / Clinical Institute, Dept. D; 2017-
Toudal Viftrup D. Spiritual care in hospice: How can it be optimized? [Post-Doc]. Odense: Research Unit of General Practice / Hospice Arresødal / Hospice Sydfyn; 2017-

Timmermann C. Communication with patients on existential problems and resources – evaluating a training program for doctors and nurses. Vejle: Unit of Public Health, Vejle, University of Southern Denmark; 2017-

Damberg Nissen R. Optimizing Spiritual Care in Psychiatry: An intervention study [Post-doc]. Odense: Institute of Public Health / Research Centre of Psychiatric Nursing, University of Southern Denmark; 2019-

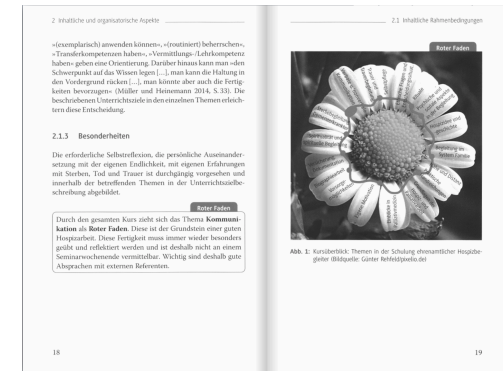
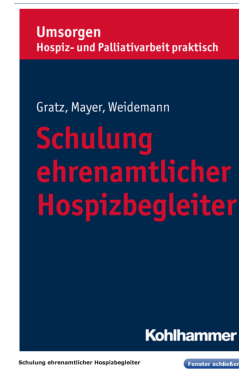
Spiritual Care Course Material

Gratz M, Roser T. Curriculum Spiritualität für ehrenamtliche Hospizbegleitung: Vandenhoeck & Ruprecht; 2015.

Gratz M, Paal P, Emmelmann M, Roser T. Spiritual care in the training of hospice volunteers in Germany. Palliative and Supportive Care. 2016;14(5):532-40.

Gratz M, Roser T, Kittelberger F, Paal P. Evaluation of a Spiritual Care Curriculum for Hospice Volunteers. Zeitschrift für Palliativmedizin. 2015;16(2):60-7

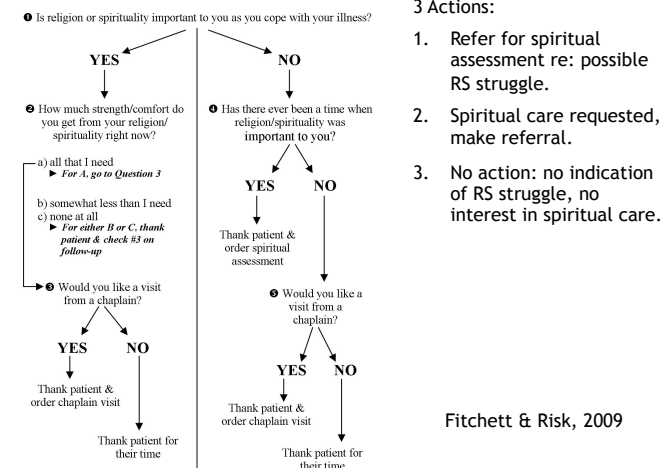
Spiritual Care Course Material



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



Original Article

Evaluation of the FICA Tool for Spiritual Assessment

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Abstract

Context. The National Consensus Project for Quality Palliative Care includes spiritual care as one of the eight clinical practice domains. There are very few standardized spirituality history tools.

Objectives. The purpose of this pilot study was to test the feasibility for the Faith, Importance and Influence, Community, and Address (FICA) Spiritual History Tool in clinical settings. Correlates between the FICA qualitative data and quality of life (QOL) quantitative data also were examined to provide additional insight into spiritual concerns.

Methods. The framework of the FICA tool includes *Faith* or belief, *Importance* of spirituality, individual's spiritual *Community*, and interventions to *Address* spiritual needs. Patients with solid tumors were recruited from ambulatory clinics of a comprehensive cancer center. Items assessing aspects of spirituality within the

FICA: Personal Spiritual Assessment Tool

The acronym FICA can help structure questions in taking a personal spiritual history.

F – Faith, Belief, Meaning

Do I have a spiritual belief that helps me cope with stress? With illness? What gives my life meaning?

I – Importance and Influence

Is this belief important to me? Does it influence how I think about my health and illness? Does it influence my healthcare decisions?

C – Community

Do I belong to a spiritual community (church, temple, mosque or other group)? Am I happy there? Do I need to do more with the community? Do I need to search for another community? If I don't have a community, would it help me if I found one?

A – Address/Action in Care

What should be my action plan? What changes do I need to make? Are there spiritual practices I want to develop? Would it help for me to see a chaplain, spiritual director or pastoral counselor?

Christina Puchalski has developed an acronym, FICA, which can be used in performing a spiritual assessment. (Puchalski C, Romer AL. Journal of Palliative Medicine. 3(1): 129-137, 2000.)

SPIR Dansk

Spiritualitet: Spirituelle, religiøse og eksistentielle overbevisninger
Plads: Den plads og indflydelse, disse overbevisninger indtager i en patients liv
Integration: Mulig integration i et åndeligt, religiøst, kirkeligt fællesskab?
Rolle: Den sundhedspersonelles rolle: Hvordan ønsker patienten, at den sundhedspersonelle skal håndtere patientens spirituelle overvejelser og problemstillinger?

Følgende standardspørgsmål bør under samtalen tilpasses den enkelte patients sproglige, kulturelle og religiøse horisont.

S: Betragter du dig i videste forstand som et troende (religiøs / åndeligt) menneske?
Hvem eller hvad håber du på? Hvor henter du styrke?
Er der noget, der giver dit liv mening? Hvilke overbevisninger er vigtige for dig?

P: Er de overbevisninger, du har talt om, vigtige i dit liv?
Hvilken indflydelse har de på, hvordan du omgås med dig selv og hvor opmærksom du er på dit helbred?
Hvordan har dine åndelige overbevisninger påvirket din væremåde under denne sygdom?
Hvilken rolle spiller din tro i forhold til at blive rask igen?

E: Tilhører du et en åndeligt eller religiøst fællesskab (menighed, kirke, åndelig gruppe)?
Udgør det en støtte for dig? På hvilken måde?
Er der en person eller gruppe af personer, som virkelig betyder meget for dig?

R: Hvordan skal jeg som din læge (sundhedsperson) håndtere disse spørgsmål?
Hvem er din vigtigste samtalepartner hvad angår åndelige overbevisninger?
Hvilken rolle skal disse overbevisninger spille i den sundhedsfaglige behandling?
Åndelige overbevisninger og spørgsmål er et vigtigt felt i forhold til sygdom og sundhed. Føler du, at vi har talt om din tro, som du ønsker det? Er der noget, du vil tilføje?

The HOPE questionnaire: A protocol for asking patients about spirituality

H

Sources of hope, meaning, comfort, strength, peace, love, and connection

- What are your sources of hope, strength, comfort, and peace?
- What do you hold on to during difficult times?
- What sustains you and keeps you going?

O

Organized religion

- Are you part of a religious or spiritual community?
- Does it help you? How?
- What aspects of your religion are helpful and not so helpful to you?

P

Personal spirituality and practices

Table 5 SPIRIT assessment tool (34)

S

Spiritual belief system

Do you have a religious affiliation? Can you describe this?

Do you have a spiritual life that is important to you?

What is the clearest sense of the meaning of your life at this time?

P

Personal spirituality

Describe the beliefs and practices of your religion that you personally accept personal spirituality

Describe those beliefs and practices that you do not accept or follow

In what ways is your spirituality/religion important to you?

How is your spirituality important to you in everyday life?

I

Integration with a spiritual community

Do you belong to any religious or spiritual groups or communities?

How do you participate in this group/community? What is your role?

What importance does this group have for you?

In what ways is this group a source of support for you?

What type of support and help does this group provide for you in dealing with health issues?

R

Ritualized practices and restrictions

What specific practices do you carry out as part of your religious and spiritual life (e.g., prayer, meditation, services, etc.)

What lifestyle activities or practices do your religion encourage, discourage or forbid?

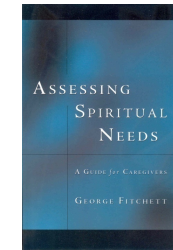
What meaning do these practices and restrictions have for you? To what extent have you followed these guidelines?

I

Implications for medical care

Are there specific elements of medical care that your religion discourages or forbids? To what extent have you followed these

The 7 x 7 Model for Spiritual Assessment



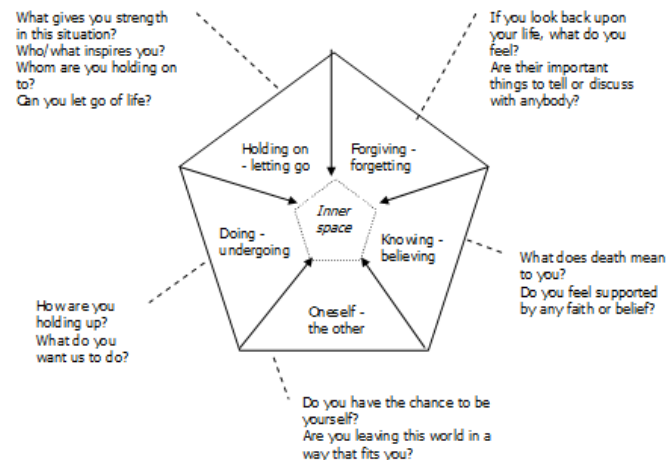
Holistic Assessment	Spiritual Assessment
Medical	Belief and Meaning
Psychological	Vocation and Obligations
Family Systems	Experience and Emotions
PsychoSocial	Doubt (Courage) and Growth
Ethnic, Racial, or Cultural	Ritual and Practice
Social Issues	Community
Spiritual	Authority and Guidance

Published in 1993, Augsburg Press

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

www.arpress, 1-800-537-1030

Ars Moriendi Model



Development of continuous education courses and communication tools to improve spiritual care in secular culture



Table 1. Second Delphi round with the final themes, questions and level of endorsement.

Included items	Agreement (>75%) among respondents (n = 14) n (%)
EMAP—existential communication in general practice This tool contains examples of themes, questions and sub-questions that might be addressed in a 30-min consultation during which the GP focuses on dialoguing about existential problems and resources with a patient. The GP invites a patient who, according to the GP, could benefit from such a dialogue. During the initial invitation, it might be useful to prepare the patient for the consultation by informing the patient about its focus on existential illness aspects.	13 (93)
INTRODUCTION I am very glad that you have agreed to participate in this conversation with me, so that we can see if we can identify something that I can help you with as your GP.	13 (93)
IDENTIFICATION OF THE PATIENT'S PROBLEMS (e.g. anxiety, anger, distress, hopelessness) How are you? If the patient diverts away from the question or is only referring to physical symptoms, try to prompt him/her with the following questions:	13 (93) 13 (93)
<ul style="list-style-type: none"> What does it feel like to be you at the moment? What thoughts/concerns/worries fill your mind right now? Are you able to find peace of mind? Having a serious illness may give rise to thoughts about an uncertain future, about whether one will get well again or why one has a serious illness (why me?). Have you had such thoughts? Some people may experience feelings of anger (e.g. toward their physicians, their spouse and/or God), hopelessness or powerlessness. Is that something that you can recognize? Are there any feelings that are particularly difficult for you to cope with? (e.g. self-reproach/sense of guilt/hopelessness). Do you hope to return to or be able to perform previous everyday life activities? Do you hope you could be more at peace and obtain a greater inner strength? Do you have any particular hopes for the future? (If the patient cannot be cured, the question should focus on setting achievable goals for the future). 	12 (86) 13 (93) 12 (86) 13 (93)
IDENTIFICATION OF THE PATIENT'S RESOURCES	14 (100)
<ul style="list-style-type: none"> Do you have something or somebody in your daily life that can support you? What does this support help you achieve/feel? (e.g. meaning, comfort, courage, hope, care) In the past, what has helped you through difficult times? Do you think that this might help you in the situation that you are in right now? For some people belief in something or somebody provides a sense of meaning and peace of mind—do you feel the same way? If yes: Are there any activities that you can think of that give you peace of mind? (e.g. mindfulness, meditation, nature outings, physical activity, hobbies, prayer, attending church, reading of holy texts, etc.). 	14 (100) 14 (100) 13 (93) 14 (100) 14 (100) 14 (100)
CONCLUSION AND ACTION PLAN	14 (100)
<ul style="list-style-type: none"> What do you think might help you in your current situation? Are there any things that you can think of I can do to support you as your GP? Would it be helpful to you if you could talk with somebody else (a psychologist, social worker, chaplain, imam)? Would you like me to help you establish contact with e.g. a psychologist/chaplain/imam/social worker/patient organization? Would you like to discuss these matters with me again at a future date? 	13 (93) 14 (100) 14 (100) 14 (100) 14 (100)



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Development of continuous education courses and communication tools to improve spiritual care in secular culture



CONTRACT

I would like to help and support you during your course of illness. Therefore I would like to hear more about how you are doing and whether there is something that I as your doctor might help you with. Is it okay with you that we talk about this?

INFLUENCE (PSYCHO-EXISTENTIAL)

How are you? (e.g. do you have feelings of sorrow/anger/anxiety/despair/bitterness/insecurity/loneliness/abandonment/sense of guilt/self-reproach/strength/harmony/gratitude)
What would you like to talk more about?

SPIRITUAL RESOURCES

For some people believing in something or somebody provides peace of mind – is this the case with you as well? If yes: What kind of spiritual or religious practice might give you peace of mind? (e.g. prayer/meditation/mindfulness/reading of holy texts/church attendance/listening to music/being in the nature, etc.).

AIMS AND WISHES

Is there something that you would in particular like to achieve?

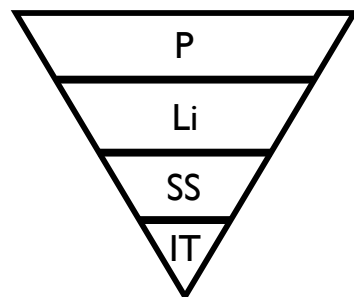
How can I help you achieve this, do you think?

CONCLUSION

Would you like to talk more with me about these issues in a later consultation?

Sexual problems in cancer treatment

Plissit-model



Permission

Liimited information

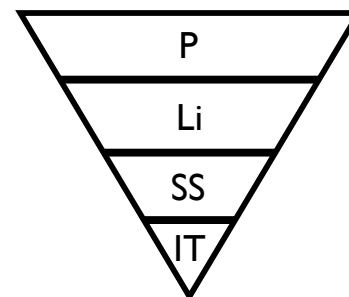
SSpecific **S**uggestions

ITensive **T**herapy

Annon JS. The PLISSIT model: a proposed conceptual scheme for the behavioral treatment of sexual problems. Journal of sex education and therapy. 1976;2(1):1-15.

Spiritual problems in cancer treatment

Plissit-model



Permission

Liimited information

SSpecific **S**uggestions

ITensive **T**herapy

Annon JS. The PLISSIT model: a proposed conceptual scheme for the behavioral treatment of sexual problems. Journal of sex education and therapy. 1976;2(1):1-15.

PLISSIT Level One: Permission

“...What you are doing is not wrong or unusual.”

Annon JS
J Sex Ed & Ther. 1976

Annon JS. *J Sex Ed & Ther.* 1976.

PLISSIT Level Two: Limited Information

“...It is not at all uncommon for men and women in their 60s and 70s to have sexual intercourse on a regular basis.”

Annon JS
J Sex Ed & Ther. 1976

Annon JS. *J Sex Ed & Ther.* 1976.

PLISSIT Level Three: Specific Suggestions

“...Today there are a number of effective ways to treat erectile dysfunction that you might want to consider.”

Annon JS
J Sex Ed & Ther. 1976

Annon JS. *J Sex Ed & Ther.* 1976.

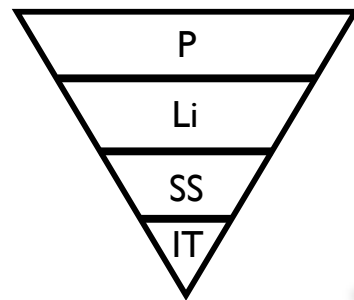
PLISSIT Level Four: Intensive Therapy

“...I would like to refer you to someone else who I believe is better qualified to help you solve this problem.”

Annon JS
J Sex Ed & Ther. 1976

Annon JS. *J Sex Ed & Ther.* 1976.

Sexual problems in cancer



Plissit-modellen

Permission: **T**illadelse

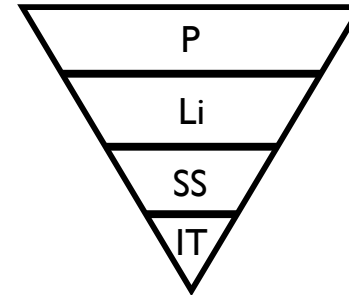
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Specific **S**uggestions: **K**onkrete **F**orslag

Intensive **T**herapy: **I**ntensiv **T**erapi

33

Existential problems in cancer



Plissit-modellen

Permission: **T**illadelse

Limited information: Afgrænset Info

Specific **S**uggestions: **K**onkrete **F**orslag

Intensive **T**herapy: **I**ntensiv **T**erapi

Annon JS. The PLISSIT model: a proposed conceptual scheme for the behavioral treatment of sexual problems. Journal of sex education and therapy. 1976;2(1):1-15.

Spirituality in the work place

Advancing spirituality in the workplace

Benefiel M, Fry LW, Geigle D. Spirituality and religion in the workplace: History, theory, and research. Psychol Relig Spiritual. 2014;6(3):175

Spiritual Leadership

Fry LW, Slocum JW. Maximizing the Triple Bottom Line through Spiritual Leadership. Organizational Dynamics. 2008;37(1):86-96

Spirituality in the work place

Nurturing the whole person in community

Sheep M. Nurturing the Whole Person: The Ethics of Workplace Spirituality in a Society of Organizations. Journal of Business Ethics. 2006;66(4):357-75

Communal responsibility in crisis

Schrøder K. The buddy study – a peer support programme for healthcare professionals after adverse events [Post-Doc]. Hvidt NC, Brixen K, Stener Jørgensen J, advisors. Odense: Clinical Institute, Obstetric Dept. D / Oncology Dept R, OUH / Unit of General Practice, University of Southern Denmark; 2017-.