But I Didn't Go to Seminary!: The Sweet Spot in Ethical Interdisciplinary Spiritual Care

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Overview

Why address spiritual distress?

How do we “make space” for spiritual distress?

How do we screen for spiritual distress?

Interventions, resources, and referrals

Q&A

Why address spiritual distress?

Appears to be common; significantly associated w/ lower self-perceptions of spiritual quality of life *(Delgado-Guay, Hui, et al, 2011)*

They want to talk about it, but don't always get to! *(Williams, 2011)*

Why address spiritual distress?

When we do…

Higher patient and family satisfaction *(Astrow, et al, 2007; Daaleman, et al, 2008; Wall, et al 2007)*

Lower rates of hospital deaths *(Flannelly, et al, 2012)*

Higher rates of hospice enrollments/***less likely to pursue aggressive treatments *(Balboni, et al, 2010; Balboni, et al, 2011; Flannelly, et al, 2012)*

Why address spiritual distress?

When we don't…

Depressed mood, decline in quality of life/physical function, greater risk of mortality *(Pargament, et al, 2001, 2004)*.

Mortality predictors:

"Wondered whether God had abandoned me" (R=1.28)

"Questioned God's love for me" (R=1.22)

**"Decided the devil made this happen" (R=1.19)

Why address spiritual distress?

National Consensus Project for Quality Palliative Care "Clinical Practice Guidelines for Quality Palliative Care, Third Edition" (2013)

https://www.hpna.org/multimedia/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf

Domain 5: Spiritual, Religious, and Existential Aspects of Care

Cross-referenced across multiple domains

Why address spiritual distress?

Regs require it

Research supports it

All the cool kids are doing it (best practices)

We can’t afford not to since it impacts bottom line

It’s the right thing to do

(Humans) are disturbed not by things,
but by the view
which they take of them.

The nature of our feelings
is largely determined
by the way that we think

~Aaron Beck

The meaning of illness and pain
can arise as a greater tyrant
than the physical symptoms.

We, collectively, can provide
spiritual palliation
that will positively impact all involved

(and it's easier than it may seem!)

How do we “make space”?

Before we listen….

are we ready to ~~hear~~ receive…

ANYthing they have to say

without our biases getting in the way?

How do we “make space”?

Herbert Adler

Therapeutic listening = Hemodialysis

Suffering, differing views, different beliefs, things that tweak us and make our toes curl—if we can’t receive them, we’re not ready.

We clear, reset, and calibrate other clinical measurement devices before we use them.

We <u>are</u> the diagnostic instrument!

How do we “make space”?

Can we be receptacles, containers for whatever they may need to express, without being _____ ?

1) leaf blower—skimming past, minimizing
2) race car
3) deer in the headlights
4) Obi wan Kenobi—positive reframe (gaslight?)

How do we “make space”?

First, we must be able to hear ourselves.

If I can’t hear my own pain, how will I ever be able to truly consider yours?

You can enter the pain of another

only at the level you can enter your own.

~John S. Savage

How do we “make space”?

Before I can hear I have to be able to be silent.

If I can’t be still and quiet with myself,

how can I ever be still and quiet with you?

The best interventions and
most refined skills
will mean nothing if we are not
personally grounded well enough
to be able to implement them,
even, and especially,
when we feel uncomfortable.

What's your relationship with silence?

A. Yes, PLEASE! Calgon, take me away…
B. Yeah, sure. That'd be nice.
C. Meh, I can take it or leave it.
D. If you insist, but can I browse Facebook during?
E. Um, NO thank you. I'm breaking out in hives even thinking about it so, please DING, turn the page!

How do we screen?

Spiritual Pain—“A pain deep in your soul (being) that is not physical.” *(Mako, Galek, & Poppito, 2006)*

Not strictly religious or even spiritual language!

How do we screen?

Questions of existence:

- Meaning—How do I explain this to my kids?
- Purpose—I feel so useless.
- Suffering—Why is this happening?

Connection/Legacy—Will my kids remember me?

- Permanence—Will I live on in some way?
- Coping—How am I going to get through this?

How do we screen?

Other Indicators:

"I don't know how G_d could do this to me."

"I feel so alone."

"Nothing makes sense anymore"

(James Fowler, Stages of Faith)

Hopelessness, shame, abandonment, anger, etc. may all be expressions of spiritual suffering presenting for support.

How do we screen?

Some answer these existential questions and struggles using science and nature or the arts.

Some may use more spiritual ways of understanding and making sense of or coping with these matters.

Still others may turn to more formalized and structured religion.

We must be mindful to hear distress even if it does not come to our ears as decidedly religious language.

How do we screen?

Puchalski & Ferrell (2010). Making Healthcare Whole: Integrating Spirituality Into Patient Care

All disciplines equipped to ***screen*** and ***intervene***

Trained spiritual counselor to ***assess*** and ***treat***

Different in hospice where ration is lower!!!!

How do we screen?

FICA *(Puchalski & Romer, 2000)*

Faith and Belief

Importance

Community

Address in Care or Action

Don’t assume, clarify *their* meaning

F- Is there any particular faith tradition in which you were raised?

I- Which of your current beliefs/ideologies are helping you most right now?

C- If there is a crisis at 2 a.m., whom do you want me to call to come be with you and your family?

A- What do we need to know about how your particular culture and beliefs/ideologies will influence your decisions? How may we be most respectful of your views?

How do we screen?

Spiritual, religious, or both?

- Eclectic
- Rejected / disillusioned
- Non-spiritual or non-theist (use existential language)

Review spiritual history

- Current AND previous religion/belief systems
- Family belief systems
- Listen for landmines

How do we screen?

"Screening for Spiritual Struggle" (George Fitchett & James Risk, Rush University Medical Center)

Journal of Pastoral Care and Counseling, Mar-June 2009 http://bishopandersonhouse.org/wp-content/uploads/2013/07/Spiritual-Screening.pdf

"Religious Struggle and Its Impact on Health: Implications for Ministry" George Fitchett, December 2006

Incorporating HIS

"Was the patient and/or caregiver asked about spiritual/existential concerns?"

No

Yes, and discussion occurred

Yes, but the patient and/or caregiver refused to discuss

Incorporating HIS

"Clinical record documentation showing only the patient's religious affiliation is not sufficient evidence that the hospice had (or attempted to have) a discussion regarding spiritual/existential concerns with the patient and/or caregiver."

~CMS (2014) HIS Manual: Guidance Manual for Completion of the Hospice Item Set(HIS)

Incorporating HIS

Who is asking the question?

How/what are they asking?

How/when is information relayed to SCC?

Simple question:

> "*Are* you having spiritual or existential concerns?" (polar question/exclusive disjunction vs. 5 W's)

Accidentally soliciting the "No" to spiritual care?

If so, then it becomes the spiritual care assessment!

Let the SCC ask, if possible.

How do we screen?

Five W's

- Whom do you notice struggling the most with this?
- What spiritual struggles…noticed in your family?
- When is the hardest time of the day for your spirits?
- Where do you turn for comfort during those times?
- Why do you think this is happening?
- How can we best support you through this?

How do we screen?

Other opening questions:

"How are your spirits holding up in all of this?"

"What's is like to be you right now?"

"What do you expect in the coming days?"

"Where do you believe (G_d) is in the midst of this?"

"What's getting you through this time?"

Case Studies

2 AM On-Call

Who was the hero of that story?

Redemption—2 views

How do we intervene?

Reflect back onto them rather than provide your own answers:

"You have years of wisdom inside you; what do you believe?"

"How is that belief helpful to you?"

"What rings true for you?"

Non-judgmental responses

Not imposing our values

To pray or not to pray?

(hospicetimes.com—"When a Patient Asks You to Pray")

Autonomy—their journey, not ours

Boundaries—nothing for our benefit at their expense

How do we intervene?

I hear you.

I can only imagine how hard this is.

Would you like to talk about it?

**Sometimes things seem so unfair. *(caution!)*

How do we intervene?

I am so sorry. (Why not, “…for your loss”?)

Grief needs the real words

Would you like to tell me about him/her?

I wish I had answers. I'm sorry I don't.

You're not alone. We're with you, as much as you would like. We’ll take our cues from you!

How do we intervene?

Challenging to know what to say when someone is sharing at a deeper level about feelings or beliefs, **so we say nothing.**

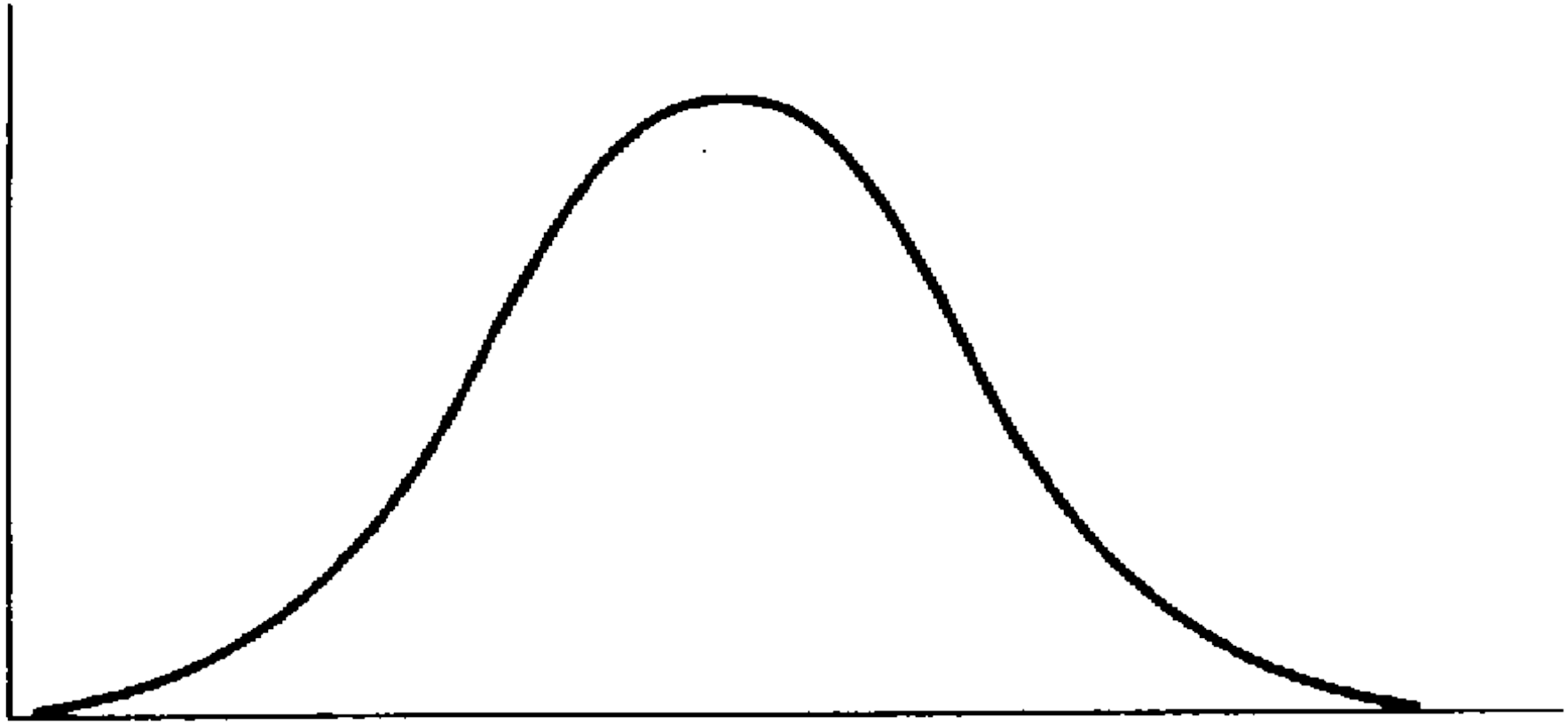
Sometimes hard not to assert our own values, beliefs, opinions and ideas, **so we say too much.**

"Professional boundaries are the spaces between the provider's power and the client's vulnerability. ..

The power of the (provider) comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the (provider) to control this power differential and allows a safe connection to meet the client's needs."

(NCSBN)

The “Sweet Spot”



Neglect Sweet Spot Abuse

Resources

Judith C. Joseph (2004)—Responding with Compassion
http://www.jcjoseph.com/pages/companion.html

Matlins & Magida (2011)—How to Be a Perfect Stranger: The Essential Religious Etiquette Handbook, 5th Ed.

NHPCO Spiritual Caregivers Section Library (Member Services—800-646-6460)

Resources

George Washington Institute for Spirituality & Health—Gwish SOERCE (The Spirituality and Health Online Education and Resource Center)

http://smhs.gwu.edu/gwish/soerce

HealthCare Chaplaincy

http://www.healthcarechaplaincy.org

"A Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals" (2011)

Referrals

Why?

COMPLIANCE and best practice

Decrease team burden

Divide and conquer—joint visits

Help team morale, decrease compassion fatigue

Paint the “whole-person” picture at IDT

Increase cultural competence

Extra eyes and ears

Utilize multiple perspectives

Make use of “the God card”

PR and marketing

Referrals

How?

Elevate role of SCC beyond “pat and prayer”

Don’t set them up to be “less than” in any way

Last in the door—what does pt/family need?

Make space for each discipline to speak at IDT and help them know what to say that is helpful!!

Educate (AOx3, various forms of dementia, etc.)

Multi-faith “Centering” and “Moment of Silence”

“Soul candy”

Rituals (blessing of hands, memorials, etc.)

Utilize their skills in crises

Are new employees oriented to all disciplines?

Do new employees ride-along with all disciplines?

Are all members of the team equally at the table?

Are unique roles of members respected?

Do team members try to wear “too many hats”?

Do team members call on one another for help?

Do team members make joint visits?

Are disciplines called upon equally in crises?

Do pts served by certain team members frequently decline SCC?

Educate management to hire quality SCCs

- Get clear about minimum requirements
- Get clear about the roles and duties
- Strengths and preferences
- Personality (Myers-Briggs)
- Emotional competency
- Include non-religious team member in interview
- One-trick pony?
- Listen for “tweak areas”
- Pay attention to boundaries
- Ask about self-care

Empower and train the staff you have!

Track/assess trends in “Chaplain Decline” rates

Advocate for spiritual care

Provide reasonable caseloads

Train team to screen for spiritual pain/distress

Develop “Elevator Speeches”

- Describe spiritual care in 20 seconds or less

Utilize in marketing and outreach

Address hesitations and concerns

Seek opportunities for joint visits

Engage in collaboration of care

- If any other of the team knows, SCC should, too

Customize your POC, even IF decline SCC!!

For SCCs:

- Speak up
- Educate yourself and your team
- Be the SCC to whom they would WANT to refer
- Learn to articulate/demonstrate your value

Referrals

“Not the Avon lady—they’ve nothing to sell”

“If you come across a judgmental chaplain…”

“They want to know what your beliefs are and help you find your own meaning, comfort, and peace using those beliefs.”

“They aren’t here to replace your clergy…”

“They’re extra eyes and ears to care for mom.”

“May the SCC round/visit with me next time I come?

Conclusion

Get grounded and clear…

Manage our own tweak areas…

Be with them wherever they are…

Let them guide us, then reflect it back to them.

Empower your chaplains, and your team!

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