Ethical Considerations with Spiritual Assessments

Presenters:
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An introduction to the considerations regarding ethical approaches to conducting spiritual assessments, current literature on spiritual assessments, and a review of the application of spiritual assessments in practice. This program represents the views of the two presenters who have given programs on spiritual assessment in public healthcare settings.

Date and Time:
Thursday, October 1, 2009 from 1:00pm – 2:30pm

Ethical Considerations

* What is the place of spiritual assessment in public mental health in CA today?
* How can spiritual assessment be conducted ethically
* How can spiritual assessment be incorporated into practice on a day-to-day basis in outpatient settings, inpatient settings, peer-run wellness and recovery centers, and private practice psychotherapy?
* What are pitfalls to avoid?
* How can atheists have their rights protected if spiritual assessments are widely practiced in mental health?

Christina Puchalski, MD Recommendations for Spiritual Assessment
 http://www.gwish.org/

•Taken at initial visit as part of the social history, and at follow-up visits as appropriate
•Recognition of cases to refer to chaplains or other spiritual professionals
•Opens the door to conversation about values and beliefs
•Uncovers coping mechanism and support systems
•Reveals positive and negative spiritual coping
•Opportunity for compassionate care

Guidelines for Communicating About Religious/Spiritual Issues
What is Not Recommended

1.Prescribe religion to non-religious patients

2.Force a spiritual history if patient expresses no interest

3.Coerce patients in any way to believe or practice

4.Spiritually counsel patients

TAKING A SPIRITUAL HISTORY – SIX MODELS

These models are meant to guide the mental health practitioner in the domains of questions that can be asked to address the spiritual needs of patients

MODEL I: OPENING QUESTIONS
Are you religious or spiritual?
Do you have any spiritual beliefs that help you cope?
What is really important to you in your life?
What helps you most when things are difficult?

MODEL II: BRIEF INTERVIEW
FICA
- Faith. Is spirituality or <u>faith</u> an important part of your life?
- Impact. What <u>impact</u> do your spiritual beliefs have on mental problems?
- Community. Do you have a spiritual, religious, or other <u>community</u> of people who support you in times of crisis?
- Assist. Is there something you would like me to do to <u>assist</u> you in this area?

   (Puchalski CM. Taking a spiritual history: FICA. Spirituality & Medicine Connection. 1999;3:1)

HOPE
- H: Sources of <u>hope</u>, meaning, comfort, strength, peace, and connectedness
- O: <u>Organized</u> religion?
- P: <u>Personal</u> spirituality or practice
- E: <u>Effects</u> on medical care and <u>end of life</u> issues

<u>Anandarajah G</u>, & <u>Hight E</u>. (2001). Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment. <u>American Family Physician.</u> 63 (1), 81-89.

SPIRITual History
S = <u>Spiritual</u> belief system
P = <u>Personal</u> spirituality
I = <u>Integration</u> with spiritual community
R = <u>Ritualized</u> practices and restrictions
I = <u>Implications</u> for medical care
T = <u>Terminal</u> events planning
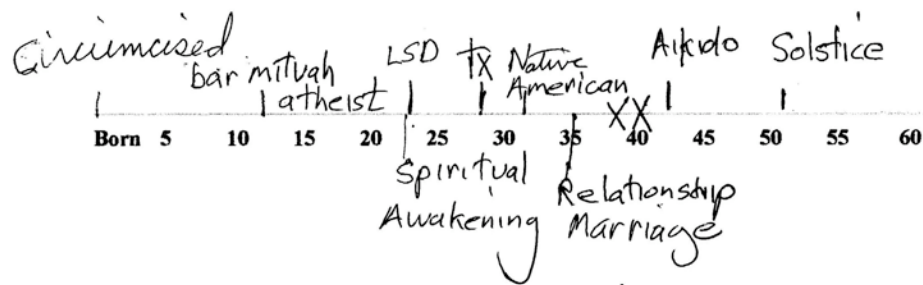 Maugans, TA. The SPIRITual History, Archives of Family Medicine. 1990,5, 11-16)
http://www.chcr.brown.edu/pcoc/Spirit.htm

MODEL III: SPIRITUAL TIMELINE

TIMELINE

My Spiritual Journey

| Born | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |

Circumcised   bar mitzvah   atheist   LSD TX Native American   Aikido Solstice

Born 5   10   15   20   25   30   35   40   45   50   55   60

Spiritual Awakening   Relationship Marriage

MODEL IV: CRESTWOOD SPIRITUALITY ASSESSMENT

Spirituality Assessment

Please read and consider how you feel or think about each question and respond by circling the answer that best reflects how you feel. There is no "right" or "wrong" answer.

1) I have a general sense of belonging.

    Strongly Agree / Agree / Disagree / Strongly Disagree

2) I am able to forgive people who have done me wrong.

    Strongly Agree / Agree / Disagree / Strongly Disagree

3) I have experienced moments of peace during a devastating event.

    Strongly Agree / Agree / Disagree / Strongly Disagree

4) I feel a connection to other people.

    Strongly Agree / Agree / Disagree / Strongly Disagree

5) I have an inner strength that I can rely on.

    Strongly Agree / Agree / Disagree / Strongly Disagree

6) I have the ability to rise above or go beyond physical challenges.

    Strongly Agree / Agree / Disagree / Strongly Disagree

7) I feel good about myself.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

8) I have a sense of balance/fulfillment in my life.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

9) Even when I feel discouraged, I trust that life is good.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

10) My inner resources help me deal with the uncertainty in life.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

11) I feel a part of the community in which I live.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

12) My inner strength is related to a belief in a Higher Power or a Supreme Being.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

13) I have goals and dreams for my life.

                    Strongly Agree / Agree / Disagree / Strongly Disagree

14) Do you have any specific requests or needs to share that may assist you in your spiritual journey? (i.e. access to religious services, reading materials, meditation room, clergy visits, etc.)

_____   _____

Service Coordinator   Date   Resident   Date

MODEL V: SPIRITUAL LIFEMAPS,
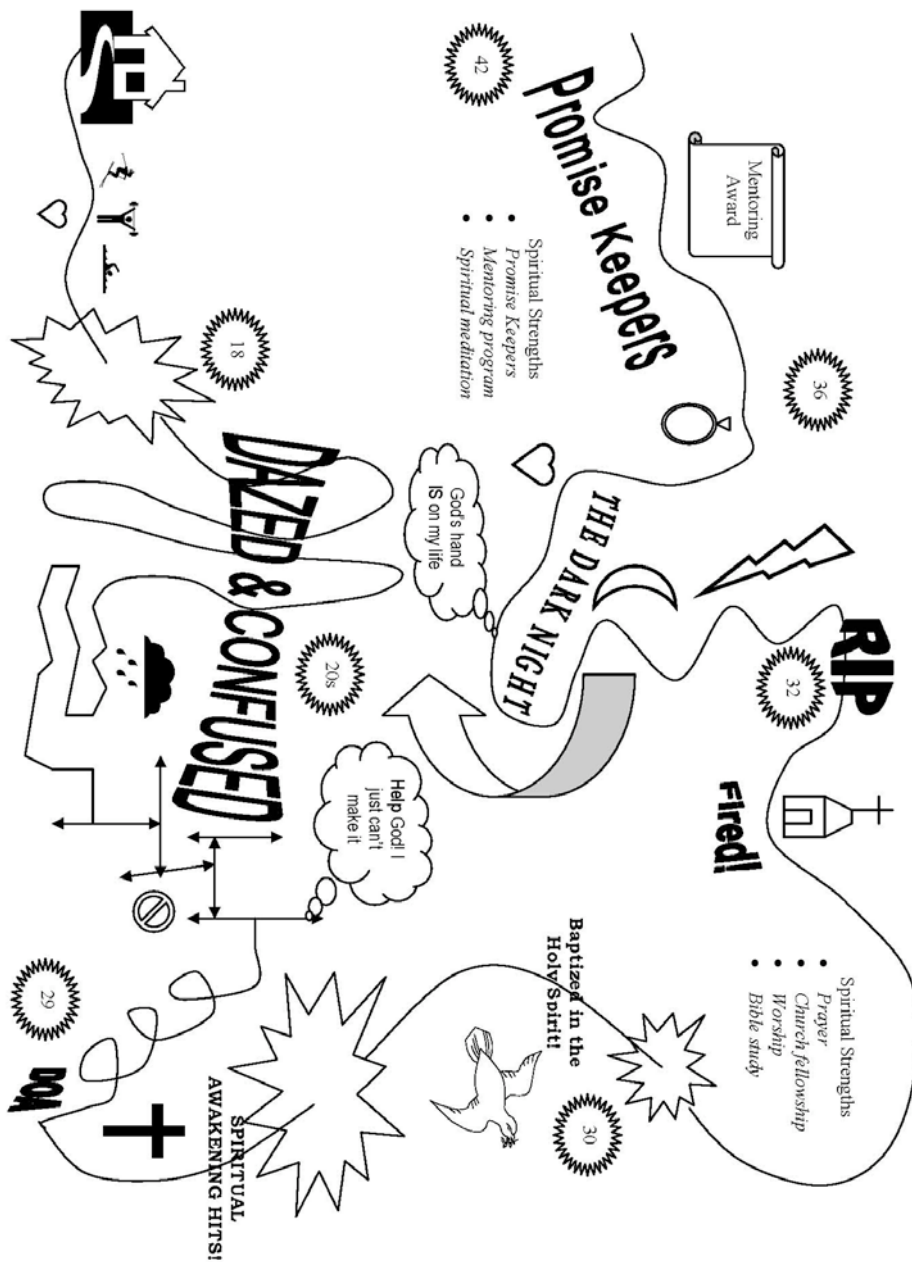
MODEL VI: SCALES

Religiousness

a. Religious coping scale (Pargament 1990): a 50-item scale with religious and spiritual as well as non-religious, more psychological coping activities tested in a Christian church population. The authors make some conclusions as to what type of religious coping mechanisms are helpful in difficult situations.

b. Religious Orientation Measure (Allport 1967): a 20-item self-administered questionnaire measuring the extrinsic (religion as a means to self-serving ends) and intrinsic (religion as an end in itself) dimensions of respondents. This is an extremely well-tested and widely used scale in many different populations used to assess religiousness.

c. Quest scale (Batson 1991): a 12-item self-administered questionnaire introducing a third dimension to religiousness in addition to intrinsic and extrinsic: the quest dimension with questions related to life's meaning, meaning of death, and of others. This was tested in a college-aged population and used in the general population, but not specifically in hospital populations.

d. The Religiousness Scale (Stryhorn 1990): a 12-item self-administered scale tested and verified in families of head-start children and subsequently used in the general population, including hospitalized and out patients. A good scale for determining the nature of a person's religion: their commitment, level of participation in their religion and relationship with God.

e. Religious Coping (Koenig 1992): a 3-item index given by interview; each item measures how much the patient relied upon religion to help manage emotional stress associated with an illness. Tested in a VA population of geriatric males and used in studies on depression.

4. Spirituality

a. Spiritual Well-Being Scale (Paloutzian 1982): a 20-item self-administered scale with two dimensions: religious and existential. Tested in a college population.

b. Death Transcendence Scale (VandeCreek 1993, Hood 1983): a 25-item self-administered scale based on the premise that "death is transcended through identification with phenomena more enduring than oneself." This scale has been tested in a diverse adult sample including the hospital setting..

c. Meaning in Life Scale (Warner 1987): 15-item administered by interview, tested in a facility for the chronically and terminally ill. The intent is for the patient to report his or her assessment of the worth of life remaining.

d. Herth Hope Index (Herth, 1990): a 12-item interview containing three dimensions: temporality and future, positive readiness and expectance, and interconnectedness. Tested on family caregivers of terminally ill people and terminally ill persons as well as in community and hospital patients and family members.

e. Index of Core Spiritual Experiences (INSPIRIT) (Kass 1991): an 18-item interview scale used for spiritual assessment in general population as well as hospital patients.

f. Spiritual Perspective Scale (Reed 1987): a 10-item structured interview or questionnaire format administered in healthy and terminally ill adults shown to be reliable, accurate and relevant in those populations.

g. FACT-Sp (Fitchett 1996): a 12-item scale that can be used alone or with the FACT-G, a general measure developed for cancer patients. Items examine faith and sense of purpose and meaning in life.

Crestwood Spirituality Handout

SPIRITUALITY

Meditation (individual or group)
Music
Faith community (in-house and in community)
Yoga
Bible study
Pain management
Twelve step program (NA/AA/DRA, etc.)
Individual prayer
Acknowledging random acts of kindness
Motivational mantra
Nature walks
Outdoor activities
Connecting with others
Sports
Religious videos/movies

TOOLS

- Provide a variety of interfaith groups (in-house, in community, videos or movies, etc.).
- Client led spiritual services.
- Assist clients with defining their own spirituality.
- Provide outdoor/nature/sports events.
- Provide NA/AA/DRA groups (in-house, in community).
- Provide an area for yoga/meditation.
- Provide Bible study guides and prayer groups.
- Provide special events for religious/spiritual holidays.
- Utilize spiritual assessments.
- Ideally having a spiritual specialist in house.
- Provide education on spiritual diversity on the uniqueness of each person's spiritual path.

MILESTONES

- Active engagement in the spiritual activities/practices of their choice.

SPIRITUALITY
- Meditation (individual or group)

- Music
- Faith community (in-house and in community)
- Yoga
- Bible Study
- Pain Management
- Twelve step programs (NA, AA, etc.)
- Individual prayer
- Acknowledging random acts of kindness (ex. Angel Club)
- Motivational Mantra (ex. Motivation Monday)
- Nature walks
- Outdoor activities
- Connecting with others
- Sports
- Religion videos/movie
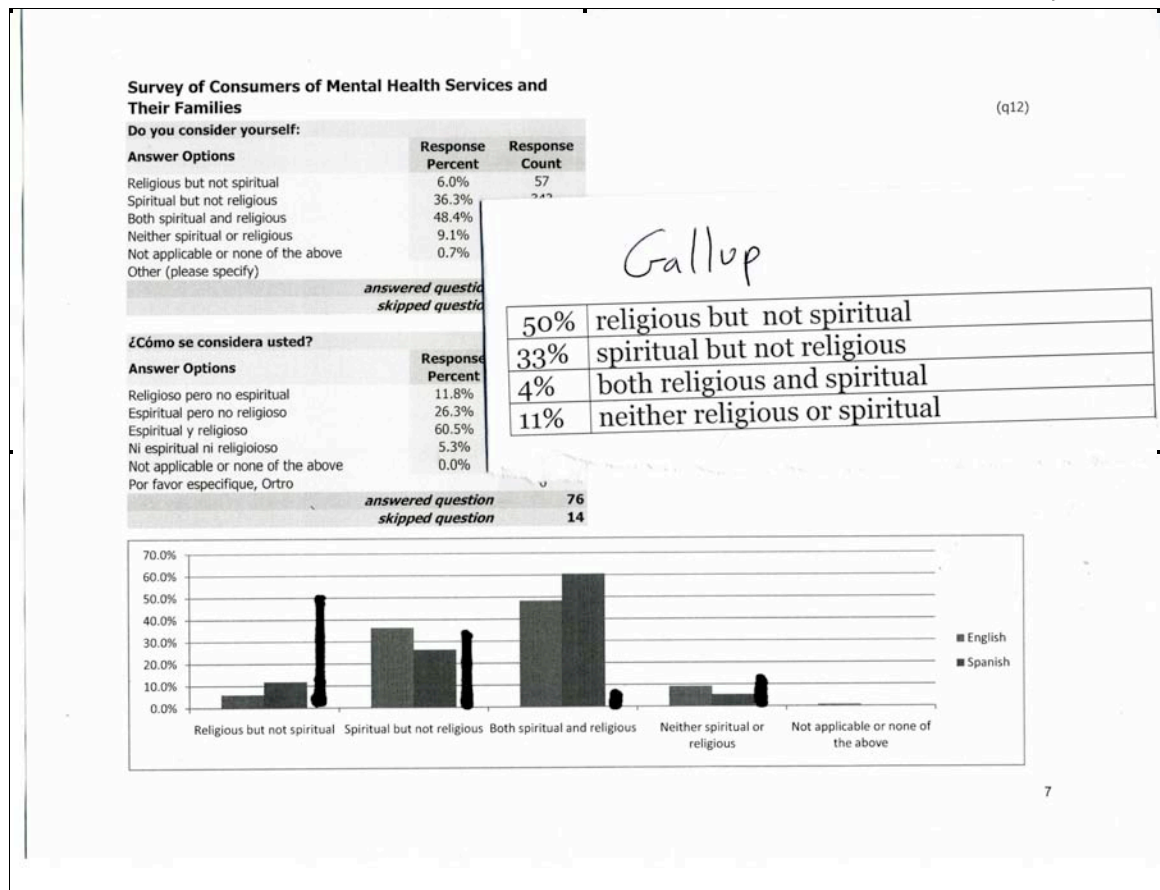- Greater degree of personal expression of previously state items (MHRC's locked)

Tools
- Provide a variety of interfaith groups (in house, in community, videos, or movies).
- Client led spiritual services.
- Spirituality Assessment.
- Assist clients with defining their own spirituality.
- Provide outdoor/nature/sports events.
- Provide AA/NA groups (in house, in community).Provide an area for yoga/meditation (may include clients room)
- Provide Bible study guides and prayer groups.
- Provide special events for religious/spiritual holidays.
- Utilize spiritual assessments.
- Encourage involvement with interfaith groups.
- Attend services and events in the community.
- Encourage involvement wit community based activities i.e. yoga, AA/NA.
- Walk along nature trails.
- Attend Bible study at local churches.
- Celebrate religious holidays.
- Seek out friendships related to spiritual interests.
- Foster opportunities for spiritual expression i.e. play music.

Milestones
- Client has a sense of how to get centered.
- Client engages in activities that leave a feeling of connection.
- Client belongs to a faith based organization.
- Client expresses a sense of belonging.

Survey of Consumers of Mental Health Services and Their Families (q12)

Do you consider yourself:

Answer Options	Response Percent	Response Count
Religious but not spiritual	6.0%	57
Spiritual but not religious	36.3%	
Both spiritual and religious	48.4%	
Neither spiritual or religious	9.1%	
Not applicable or none of the above	0.7%	
Other (please specify)		
	answered questio	
	skipped questio	

Gallup

50%	religious but not spiritual
33%	spiritual but not religious
4%	both religious and spiritual
11%	neither religious or spiritual

¿Cómo se considera usted?

Answer Options	Response Percent
Religioso pero no espiritual	11.8%
Espiritual pero no religioso	26.3%
Espiritual y religioso	60.5%
Ni espiritual ni religioioso	5.3%
Not applicable or none of the above	0.0%
Por favor especifique, Ortro	
answered question	76
skipped question	14

Definitions

Atheist To be atheist is to seek meaning in secular arenas that do not involve the existence of a sacred being, supreme reality, god or other deity.

Agnostic To be agnostic is to assert that we cannot truly know about the existence or otherwise of a sacred being, supreme reality, god or other deity.

Spiritual To be spiritual is to experience one's deepest sense of belonging in connection to a higher power or life philosophy which may not necessarily be related to an organized church or religious institution.

Religious To be religious is to belong to or follow the tenets of an organization that is guided by a codified set of beliefs and practices held by a community, whose members adhere to a worldview of the holy and sacred that is supported by religious rituals.

Books

Spiritual Assessment: Handbook for Helping Professionals by David R. Hodge (2003)
Bedford, CT: North American Association of Christians in Social Work
Covers spiritual ecomaps, lifemaps, and genograms.

Online Resources

The George Washington Institute for Spirituality and Health (GWish)
www.gwish.org

Spiritual Assessment in Clinical Practice
Learn about Spiritual Assessment! Check out our new multimedia guide to assessing the spiritual beliefs, values, and practices important in your patients' responses to illness or stress.

The Spiritual Competency Resource Center
Online course on Ethical Issues in Spiritual Assessment
www.spiritualcompetency.com

California Mental Health and Spirituality Initiative
www.mhspirit.org