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DRAWING FROM PRACTICE MODELS TO BUILD SPIRITUAL COMPETENCE

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Introduction

Need Direction?
Ask a Social Worker
Define spiritual competence.

Describe the components of a model of spiritual competence.

Identify how spiritual competence relates to quality hospice care.
Mr. Horton is a 70-year-old male who is recovering from complications of pneumonia. His primary care provider told him yesterday that he has lung cancer, his prognosis is poor. This morning Mr. Horton presents this morning as agitated and tells the social worker he wants to be discharged. He says he needs to go home and take care of his wife. Mr. Horton understands that his wife, who is disabled, is under the care of their oldest daughter. However, he continues to pressure for immediate discharge saying “My wife needs me. Who will take care of her when I am gone?”
Spiritual Needs

Research suggests that over 80 to 90 percent of hospice care clients may have spiritual needs (Peteet & Balboni, 2013; Gijsberts et al., 2011).

In 2014, the median length of service was 17.4 days. This means that half of all hospice clients received hospice care for slightly over two weeks. Approximately 35.5% of clients died or were discharged in less than seven days of admission (NHPCO, 2014).

In 2012, an average 16.8 percent of hospice clients with Medicare died within three days of enrollment (Bynum, Meara, Chang, & Rhoads, 2016).
Assess Your Readiness

- Do I know how to assess whether this client's “pain” is physical or spiritual in origin?
- Am I comfortable talking with this family about their religious beliefs and practices?
- Will I have the time and skills to provide comfort if my questions evoke great sadness or distress?
- Who could best meet the needs of this client and family at this time?

(Knight & von Gunten, 2004a)
Provision of hospice social work that is consistent with a client’s spiritual worldview.
- Understand impact on development and functioning
- Be self-aware and recognize your own readiness
- Communicate respect for diverse views

Spiritual competence is required by regularly bodies such as NASW, CSWE, and JCAHO.

There are models that define spiritual competence on a continuum of expertise.
Why address spirituality?

- Client Expectations
- Spiritual Needs
- Developmentally Appropriate
- Component of Holistic Care
- Requirement by JCAHO
- Support of Professional Organizations
- Therapeutic Effects

There are LOTS of Reasons!
The need “to integrate goals, values, and experiences in search of meaning and sense of purpose” (Millison, 1988, pp. 37-38).
- A terminal illness can challenge one’s ability to meet their spiritual needs.
<table>
<thead>
<tr>
<th>Common Spiritual Needs and Means of Coping.</th>
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<tbody>
<tr>
<td><strong>Involvement and Control</strong></td>
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<tr>
<td>Information that enables them to exercise control over one’s life, need to actively prepare for death, self-reliance, independence, have input into own life, have information about own care, stay as independent as possible, have things in life stay the same, have information about family and friends, be helped by others, feel useful, maintain self-worth, retain an active role with family and friends, <em>talk about death and dying</em>.</td>
</tr>
<tr>
<td><strong>Religious Activities</strong></td>
</tr>
<tr>
<td>Pray, use phrases from a religious text, read a religious text, go to religious services, seek comfort and support from church, talk with someone about religious issues, be with people who share religious beliefs, <em>religious reconciliation, divine forgiveness and support, religious rites/sacraments, visits by clergy, religious literature, discussions about God</em>.</td>
</tr>
<tr>
<td><strong>Spiritual Activities</strong></td>
</tr>
<tr>
<td>Read/use inspirational material, sing/listen to music, spiritual self-care activities, talk with someone about spiritual issues, be with people who share my spiritual beliefs.</td>
</tr>
<tr>
<td><strong>Finish Business</strong></td>
</tr>
<tr>
<td>Life review, finish life tasks, come to terms with present situation, resolve bitter feelings, meaning and forgiveness, <em>reminiscing, seek to understand life as it has unfolded, process grief, accept pending death, seek peace and reconciliation, reunion with other, moral and social analysis, closure</em>.</td>
</tr>
<tr>
<td><strong>Positive Outlook</strong></td>
</tr>
<tr>
<td>Embrace happy thoughts, maintain an open mind, share humor and laughter, appreciate the significance of the moment, take one day at a time, be around children, talk about day-to-day things, see others smiling, <em>purpose, hope, meaning, affirmation</em>.</td>
</tr>
<tr>
<td><strong>Companionship</strong></td>
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<tr>
<td>Be with family and friends, talk with others, help care for others, give and receive love, feel connected to social world, <em>mutuality</em>.</td>
</tr>
<tr>
<td><strong>Experience Nature</strong></td>
</tr>
<tr>
<td>Look outside, be outside, have flowers in the room.</td>
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Figure 1. Relational Model of Spiritually-Sensitive Hospice Care

(SOURCE: Callahan, 2013, p. 160)
Application in Practice

- Micro Level: Relationship with Self
- Mezzo Level: Relationship with Others
- Macro Level: Relationship with Environment

(Callahan, 2010; Callahan, 2015, Callahan, publication pending)
## Generalist Intervention

<table>
<thead>
<tr>
<th>Compassionate</th>
<th>Good Rapport</th>
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<tbody>
<tr>
<td>Empathic</td>
<td>Desire to Understand</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>Being Fully Present</td>
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<tr>
<td>Affirming</td>
<td>Active Listening</td>
</tr>
<tr>
<td>Facilitating Relationships</td>
<td>Self-Awareness</td>
</tr>
<tr>
<td>Focusing on Ordinariness</td>
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</tbody>
</table>

(Callahan, 2010; Callahan, 2015, Callahan, publication pending)
For the spiritual need to be treated like a person, the advanced spiritual care provider may:

- Respect and focus on client's humanity, dignity, individuality and autonomy.
- Talk to the client rather than about them in their presence, even if they are not capable of complete understanding.
- Ask clients how they are doing or feeling before focusing on specific medical problems.
- Explore what it is that helps that client feel like a human being rather than just a “case” or “client.”
- Offer choices and help clients identify areas where they can have some say to compensate for the tremendous.

(Knight & von Gunten, 2004b)
For the spiritual need to share in community with others, the advanced spiritual care provider may:

- Community may involve connection with family, friends, workplace, school, civic groups and faith community.
- Roles will change as person’s health declines.
  - May need to consider what changing role means, mourn losses, redefine and affirm new role.
- It is important to encourage and facilitate ongoing involvement to maintain human connections.
- If practical, help clients maintain a connection with their loved pets.

(Knight & von Gunten, 2004b)
For the spiritual need to feel safe, the advanced spiritual care provider may:

- Listen and normalize fears
  - Provide an opportunity for persons to talk about the source of their anxiety or fear.
  - "Being heard" in and of itself can sometimes lessen the spiritual distress.

- Help identify sources of comfort and order
  - These sources are someone or something that is solid, trustworthy, or that provides a sense of order.
  - They may include other people, spiritual and religious faith, and religious rituals including ordinary routine (e.g., bathing, preparing for bed).

(Knight & von Gunten, 2004b)
## Mezzo-Level: Relationship with Others

- **Advanced Generalist Intervention**

<table>
<thead>
<tr>
<th>Facilitating Sp Expression</th>
<th>Bereavement Counseling</th>
</tr>
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<tbody>
<tr>
<td>Flexible Boundaries</td>
<td>Life Review</td>
</tr>
<tr>
<td>Providing Guidance</td>
<td>Hope Inspiring</td>
</tr>
<tr>
<td>Spiritual Assessment</td>
<td>Reframing</td>
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<tr>
<td>Enabling Sp Self-Care</td>
<td>Use of Humor</td>
</tr>
<tr>
<td>ID Relational Resources</td>
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</table>

(Callahan, 2010; Callahan, 2015, Callahan, publication pending)
# Mezzo-Level: Relationship with Others

## Clinical Intervention

<table>
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<tr>
<th>Method</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Psycho-Education</td>
<td>Instruction that promotes utilization of new self-care/relational skills</td>
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<tr>
<td>Psychotherapy</td>
<td>Individual or group therapy</td>
</tr>
<tr>
<td>Alternative</td>
<td>Art, music, dream work, meditation, acupuncture, therapeutic touch, biofeedback, relaxation, guided imagery, and aromatherapy</td>
</tr>
</tbody>
</table>

(Callahahan, 2010; Callahan, 2015, Callahan, publication pending)
Mezzo Level: Relationship with Others

Examples of Advanced/Clinical Intervention

- For the spiritual need to retain hope, the advanced spiritual care provider may:
  - Normalize the wish for death
  - Confirm that a person is indeed growing weaker or that they have multiple symptoms that indicate that death is near
  - State that you know this will not go on forever
  - Let clients and families feel heard
  - As with the loss of hope, good spiritual care by the palliative care team allows for these feelings to be heard

(Knight & von Gunten, 2004b)
For the spiritual need to process anger, the advanced spiritual care provider may:

- Often, unrelieved suffering leads persons to blame themselves or God.
  - “I must have done something to deserve this kind of life.”
  - Normalizing these feelings and reviewing with the person their life history may bring some release from blame, even as it may leave the person with no good explanation for their suffering.

- If self-blame or anger at God persists, the chaplain or counselor should be notified.

(Knight & von Gunten, 2004b)
For the spiritual need to resolve grievances, the advanced spiritual care provider may:

- All members of the interdisciplinary team may be called upon to help persons gain a sense of peace with the life they have lived, when that is the goal (explicit or implicit) of the dying person and their family.

- However, when strong negative or judgmental feelings about a person’s past arise, members of the team with professional expertise in this area should be brought in if possible.

- Help client, loved ones and friends cope with anticipatory grief.

(Knight & von Gunten, 2004b)
There are a variety of conditions that could potentially undermine one’s ability to be spiritually sensitive.

Some of these conditions include the following:

- Fragile health of clients
- Unsupportive work environment
- Time restraints
- Unprepared staff
- Limited research

(Callahan, publication pending)
Threats to Spiritual Sensitivity

- **Fragile Health of Clients**
  - Clients may pass away before spiritual needs can be addressed
  - Difficulty in managing client symptoms limit time or energy investment into spiritual care

- **Unsupportive Work Environment**
  - Physical environment is not nurturing of client spirituality – sterile, impersonal, and cold decor
  - Supervisors are not willing to support front-line workers in addressing client spiritual needs

(Callahan, publication pending)
 Threats to Spiritual Sensitivity

- **Time Restraints**
  - Insufficient time to address client spiritual needs

- **Being Unprepared**
  - Personal discomfort due to lack of expertise or unresolved personal issues related to spirituality

- **Limited Research**
  - Less knowledge available about evidenced-based practices that promote client spiritual care.
  - Information disseminated through educational opportunities is not tested but promoted anyway.

(Callahan, publication pending)
One way to address threats to spiritual sensitivity is to evaluate your level of spiritual competence.

In seeking to understand your level of spiritual competence, you are being spiritually sensitive.

This may require you to advance your level of spiritual competence to order to be more spiritually supportive of your clients.

(Callahan, publication pending)
Hodge & Bushfield (2006) and Hodge (2011) characterized spiritual competence as:

1. a growing awareness of one’s own value-informed, spiritual worldview and its associated assumptions, limitations, and biases,

2. a developing empathic understanding of the client’s spiritual worldview that is devoid of negative judgment, and

3. an increasing ability to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client’s spiritual worldview.
Spiritual competence falls on a continuum.

- Spiritual competence ranges from *spiritually destructive* practice at one end of the continuum to *spiritually competent* practice at the other end.

Developing spiritual competence is a process.

- Spiritual competence is *not a static quality*, but a set of attitudes, knowledge, and skills that can be developed over time but requires intentionality.

(Hodge & Bushfield, 2006)
At times, the provision of spiritual care may stretch the boundaries of hospice social work, so coordination with other professionals may be the best expression of spiritual competence.

When additional help is needed, hospice social workers may elicit the help of professionals with more expertise on the client's multidisciplinary team such as a board certified chaplain or client clergy in the community (Sperry & Miller, 2010; Koenig, 2007).
The Role of Chaplains

- **Education Level**
  - Master’s level preparation enables knowledge of:
  - Clinical Pastoral Education (CPE)

- Chaplains attend to specific religious needs.

- Broader role than that of a clergy person and serves persons from all religious traditions

(Knight & von Gunten, 2004a; Koenig, 2007; Callahan, publication pending)
It is important to build spiritual competence by seeking opportunities for further education and skilled supervision.

What do you need?
Therefore, it is through the therapeutic relationship that a social workers can help a client experience enhanced life meaning.

A spiritually sensitive style of engagement may serve as a form of spiritual care.

Spiritual care involves helping clients build and/or sustain spiritual resilience that enables them to transcend difficulties.
As described by Allamani (2007), “if the interaction is oriented more toward listening than just to find out solutions, disclosure about suffering may be allowed, and the persons may perceive that they are accepted as a whole, together with their disease. This lets an individual feel that that he/she is a human being and is part of a larger world: a positive cure is reached (p. 234).”
Spiritual competence involves understanding, self-awareness, and respect for diversity.

Therapeutic relationships can address spiritual needs by being spiritually sensitive.

Spiritual sensitivity and competence ensures client access to quality spiritual care.
Thank you!

Please contact me for more information:

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Hermann, C. P. (2007). The degree to which spiritual needs of patients near the end of life are met. *Oncology Nursing Forum, 34*(1), 70-78. DOI: 10.1188/07.ONF.70-78


References