Spiritual AIM: Articulation, Evolution, and Evidence

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- The patients
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Objectives

1. Acquire a basic understanding of the Spiritual Assessment and Intervention Model (Spiritual AIM).

2. Understand the evolution of Spiritual AIM over the course of a mixed-methods, interdisciplinary study.

3. Develop an awareness of the qualitative and quantitative analyses and findings from a mixed-methods study of Spiritual AIM conducted in the outpatient palliative care setting.
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Spirituality encompasses the needs to seek meaning and direction, to find self-worth and to belong to community, and to love and be loved, often facilitated through seeking reconciliation when relationships are broken.

When a person faces a crisis, 1 of 3 spiritual needs surfaces most urgently – referred to as the person’s “core spiritual need”

Spiritual AIM and the work of the chaplain: A model for assessing spiritual needs and outcomes in relationship

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ABSTRACT

Objective: Distinguishing the unique contributions and roles of chaplains as members of
Spiritual AIM: Background

- Developed during 21 yrs of Spiritual Care/Clinical Pastoral Education (CPE) by Rev. Dr. Michele Shields, focused on what occurs between the patient and chaplain
- Begun in chaplaincy mentorship in a CPE supervisory training group with Rev. Dennis Kenny, D.Min. for first 2 yrs
- Developed with theological reflection and psychological theory, plus critique from professional peers and students
- Refinement with the Spiritual AIM Research Team during this study for last 3 years
The Golden Rule or Ethic of Reciprocity:

- “Treat others as you wish to be treated.” “Love your neighbor as yourself.” (Lev. 18:18, Matt. 22:37-40)
- “What you do not wish for yourself, do not impose on others.” (Confucianism)

Spiritual maturity requires autonomy enough to love oneself and connection enough to achieve fairness in balancing love for oneself, others and God (if one’s belief includes God).
Spiritual AIM: Psychology

- **Object Relations:**
  - Personality takes shape through people’s experiences of relationships and social context, specifically how a child appropriates, internalizes and organizes early experiences in the family.

- **Spiritual AIM:**
  - Spiritual dynamics and spiritual needs are shaped in a similar manner and may be changed or met in relationships, even in adulthood.
Spiritual AIM: How does it work?

- Assessment of spiritual need based upon:
  - comments
  - behavior
  - attribution of blame
  - questions
  - concerns
  - chaplain’s own internal response to person
- Assessment of where person is along path to healing
Spiritual AIM: How does it work

- Embodiment: stance of
  - Guide
  - Valuer
  - Truth-teller
- Interventions in the process of healing
- Healing happens in relationship
- Desired outcomes to meet the spiritual need
Spiritual AIM: Distinctiveness

- Assessments, corresponding interventions, desired outcomes
- Psychological and theological/philosophical theory underpinnings
- Broad definition of “spirituality”
- Communicates well to the interdisciplinary team
- Inclusive of a variety of faith—or no faith—traditions
- Useful in fast-paced, clinical setting (it is not an interview approach)
Example – Self-worth & Belonging

White Christian Woman in her 60’s; Ovarian Cancer

Assessment: “I’ve found that helpful partly because I’m not as bad off as a lot of people in the [support] group. In a way that’s a terrible way to feel but I think oh, my goodness, I don’t have any problems compared to this person.” (Patient expresses concern for others and fears burdening them.)
Example – Self-worth & Belonging

Interventions:

“I’m wondering...whether or not there is more that you’d like me to know about this cancer, about the supports in your life.”

(Community of two; listening to story of illness)

“So it sounds like you’re saying in some ways he can be a little passive about stuff like that...And a little disorganized. And it does have an impact on, for example, in that instance, your holiday....I have to say you are very generous with him. But it does sound like this has been a regular kind of tension for you guys.”

(Lift up anger; specific affirmation; championing)
Example – Self-worth & Belonging

Outcome: Well, one of the things that came up... the living will or something that says I do not want extraordinary measures taken... I have not brought this up very often and I think my husband is a little reluctant to talk about it... like do we really want to sit around and talk about death today. But I felt that at some point we need to talk about this, because they say that no matter what you’ve written down, you should tell the people closest to you what you really want. And I think that’s something we need to face... And also to tell our children, our adult children... (Balancing needs of self w/others; Discusses hopes & aspirations)
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3. Develop an awareness of the qualitative and quantitative analyses and findings from a mixed-methods study of Spiritual AIM conducted in the outpatient palliative care setting.
Spiritual AIM: Evolution

- Orally communicated for twenty years
- Original formulation:
  - Straightforward, teachable by those who had been using the model for a long time, but needed to be written down and elaborated.
## Spiritual AIM – Early Stages

<table>
<thead>
<tr>
<th></th>
<th>I. Assessment:</th>
<th>II. Embodiment (based on Assessment):</th>
<th>III. Intervention:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meaning &amp; Direction</td>
<td>Guide</td>
<td>Acknowledgement of confusion/problem, discerning choices, seeking heart's desire, making a decision/commitment, training, ritual</td>
</tr>
<tr>
<td></td>
<td>Self-Worth &amp; Belonging to Community</td>
<td>Valuer and Community</td>
<td>Acknowledgement of aloneness, surfacing old beliefs about self, invitation to community, adoption of new beliefs about self, joining community/ritual</td>
</tr>
<tr>
<td></td>
<td>Reconciliation/To Love and be Loved</td>
<td>Prophet/Truth-teller</td>
<td>Acknowledgement of brokenness, call to confession, confession with contrition, commitment to changed behavior, forgiveness/reconciliation, ritual</td>
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Spiritual AIM: Evolution during Research Project

- Elaborated on the interventions.
- Added a section, called “Primary Spiritual Task.”
- Provided description of “Desired Outcomes” for each Core Spiritual Need.
- Added a concept we called “Persona,” based on the observation that some people came across initially quite differently than their true core spiritual need would indicate. The layer of persona could be recognized with practice and a bit of skepticism.
Table 1. Spiritual Assessment and Intervention Model (Spiritual AIM)

<table>
<thead>
<tr>
<th>PRIMARY IDENTIFIED SPIRITUAL NEED</th>
<th>SELF-WORTH &amp; BELONGING TO COMMUNITY</th>
<th>RECONCILIATION/TO LOVE AND BE LOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEANING &amp; DIRECTION</td>
<td></td>
<td></td>
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<tr>
<td>Learn to be in relation to self and therefore others, (and God)</td>
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| PRIMARY SPIRITUAL TASK           |                                     |                                   |
| Learn to love self               |                                     |                                   |
| Learn to love others (God)       |                                     |                                   |

<table>
<thead>
<tr>
<th>ASSESSMENT – OBSERVING THE PATIENT</th>
</tr>
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<tbody>
<tr>
<td>• Patient does not place blame.</td>
</tr>
<tr>
<td>• Patient tends to intellectualize circumstances.</td>
</tr>
<tr>
<td>• Patient sees and articulates both sides of most situations.</td>
</tr>
<tr>
<td>• Patient is concerned about the meaning of own life/identity and making sense of his/her illness.</td>
</tr>
<tr>
<td>• Patient has difficulty focusing and making decisions.</td>
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<tr>
<td>• Patient employs several metaphors, images or analogies in conversation.</td>
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<tr>
<td>• Patient asks questions and demonstrates curiosity (e.g. about illness, the nature of God or religion).</td>
</tr>
<tr>
<td>• Patients seems to be simultaneously delighted and feel encumbered by exploring infinite possibilities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESSMENT - CHAPLAIN'S SELF-AWARENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain may feel in a fog or have difficulty following what patient is saying.</td>
</tr>
<tr>
<td>Chaplain may feel that patient puts chaplain up on pedestal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLAN FOR EMBODIMENT OF THE CHAPLAIN - “TO BE”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guide</strong></td>
</tr>
<tr>
<td>• Name &amp; reflect back emotions (especially anger) as a source of clarity.</td>
</tr>
</tbody>
</table>

**Spiritual AIM – Current Articulation**
**INTERVENTION – “TO DO”**

- Name & reflect back emotions (especially anger) as a source of clarity.
- Surface what decisions need to be made or questions need to be answered.
- Ask patient how he/she has coped with similar crises and circumstances or made decisions in the past.
- Help patient to name resources to help make decisions, answer questions or achieve clarity about their heart’s desire.
- Demonstrate support and guidance, as if walking along side patient on a path.
- Provide reassurance that no matter patient’s choice, his/her legacy is secure.
- Celebrate when patient makes a new decision (e.g., regarding treatment, to enroll in hospice, to take an important trip).
- Honor when patient arrives at a new meaning (e.g., deciding upon a legacy project like a video, letter for child).
- Commission the patient for this decision/work/meaning with a blessing or ritual (religious or non-religious/poetic).

- Lift up anger as source of worth; accompany him/her as they feel it.
- Surface old, unhealthy, unkind beliefs about self.
- Create a "community of two" by keeping patient company and listening to his/her story of illness/suffering.
- Make specific, genuine statements of affirmation about attributes, role and behavior of patient.
- Listen attentively while valuing patient’s story.
- Act as a champion for patient; indicate what is loveable about them.
- Make referrals to spiritual communities, classes and illness-specific support groups.
- Regularly remind patient about loved ones and reference other caregivers on team to build support.
- Use faith tradition to challenge old beliefs, create, and offer new cleansing belief and ritual.

- Demonstrate ability to tolerate patient’s anger.
- Surface and explore sadness, fear, grief, loss, of sense of control beneath the anger.
- Acknowledge brokenness, tension or estrangement in the relationships patient discusses.
- Remind patient of own internal resources/abilities to advocate appropriately for self.
- Hold patient accountable for creating safety for self, and choosing to trust others.
- Remind patient to say what they need rather than expect others to intuit it.
- Ask patient about their part in estrangement and conflict. Call them to confess fully.
- State impact of patient’s behavior on you/others. Observe whether contrite/sorry.
- Patient takes responsibility to apologize and for behavioral changes/acting differently.
- After patient has behaved differently, discuss self-forgiveness and forgiveness in their faith tradition; offer ritual.

**DESIRED OR PROPOSED OUTCOME/HEALING/WHoleness**

- Patient learns and trusts that whatever decision they make will be congruent with own values.
- Patient is able to identify own primary/prominent heart’s desire.
- Patient will be able to discern some meaning and purpose of patient’s life.
- Patient will experience less angst and more support about making a particular decision.

- Patient is able to sense self-worth and regains a sense of belonging to community.
- Patient will discuss his/her grief, regrets, hopes and aspirations for him/herself.
- Patient will prioritize these, and hold them in equal balance with showing active good will for others.

- Patient realizes that their behavior has an impact on other people.
- Patient confesses part in conflict and broken relationships.
- Patient expresses true remorse through feelings.
- Patient commits to new behavior and forgives self.
- Patient may seek and may experience forgiveness from others & God.
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Study Aims

Aim 1. To describe the content and processes of spiritual assessments conducted by chaplains to identify core spiritual needs among patients with advanced cancer.

Aim 2. To describe the content and processes of spiritual care interventions developed based on these assessments.

Aim 3. In order to calculate effect sizes for future intervention research, to measure changes in spiritual, psychological, and physical symptoms and to assess the value added to outpatient palliative care interdisciplinary teams (IDTs) by certified chaplains.

Aim 4. To evaluate the feasibility and tolerability of recruitment, assessment, and intervention research focused on evaluating Spiritual AIM in the outpatient palliative care setting.
Adults with advanced cancer (target n=30, recruited 31)
Symptom Management Service (outpatient palliative care service of UCSF HDFCCC)
Each participant had three individual sessions with a chaplain; audiotaped and professionally transcribed
Pre- and post-intervention booklet of self-report rating scales
Exit interview with research coordinator
Weekly team meetings (audiotaped, transcribed → auto-ethnography)
Study Measures (1)

- Symptoms (ESAS) - e.g., fatigue, pain
- Spiritual well-being (“I feel at peace”)
- Overall quality of life (1 item)
- Spirituality (FACIT-Sp-12; 3 subscales: Faith, Meaning, Peace)
  - “I find comfort in my faith or spiritual beliefs”
  - “I feel a sense of purpose in my life”
- Religious coping (Brief R-COPE; Positive & Negative)
  - “Sought help from God in letting go of my anger”
  - “Wondered what I did for God to punish me”
Study Measures (2)

- Dignity (Patient Dignity Inventory)
  - “Feeling like I am no longer who I was.”

- Cancer-related adjustment (Mini-MAC)
  - 5 subscales: Fatalism, Fighting Spirit, Helplessness/Hopelessness, Anxious Preoccupation, Avoidance
  - Alternatively: 2 subscales Adaptive, Maladaptive Coping

- State anxiety (STAI-S, “now”)
  - “I feel at ease”; “I feel nervous”

- Depressive symptoms (CES-D, “past 7 days”)
  - “I felt sad”; “I could not get ‘going’”
### Demographic and Clinical Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td>59.4 (9.9)</td>
<td>20 (64%)</td>
</tr>
<tr>
<td></td>
<td>[Range 34-80]</td>
<td>11 (36%)</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td>20 (64%)</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td>11 (36%)</td>
</tr>
<tr>
<td><strong>Christian</strong></td>
<td></td>
<td>18 (58%)</td>
</tr>
<tr>
<td><strong>Jewish</strong></td>
<td></td>
<td>4 (13%)</td>
</tr>
<tr>
<td><strong>Buddhist</strong></td>
<td></td>
<td>3 (10%)</td>
</tr>
<tr>
<td><strong>None</strong></td>
<td></td>
<td>6 (19%)</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td>27 (87%)</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td></td>
<td>3 (10%)</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td></td>
<td>1 (3%)</td>
</tr>
<tr>
<td><strong>Breast cancer</strong></td>
<td></td>
<td>6 (19%)</td>
</tr>
<tr>
<td><strong>Gynecologic</strong></td>
<td></td>
<td>7 (23%)</td>
</tr>
<tr>
<td><strong>GI</strong></td>
<td></td>
<td>5 (16%)</td>
</tr>
<tr>
<td><strong>Prostate</strong></td>
<td></td>
<td>5 (16%)</td>
</tr>
<tr>
<td><strong>Head/Neck</strong></td>
<td></td>
<td>3 (10%)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td>5 (16%)</td>
</tr>
</tbody>
</table>
Core Spiritual Needs

- Meaning & Direction: 11
- Self-Worth & Belonging: 9
- Reconciliation: 11

Number of participants
Core Spiritual Needs by Age Group

Younger Patients (<60 yo)
- Reconciliation: 23%
- Meaning & Direction: 23%
- Self-Worth & Belonging: 54%

Older Patients (>60 yo)
- Reconciliation: 44%
- Meaning & Direction: 45%
- Self-Worth & Belonging: 11%

p < 0.05
Differences across Core Spiritual Needs

- ANOVAs, Chi-square used to evaluate for differences in demographic, clinical, and symptom variables across the three groups
- Self-Worth/Belonging significantly younger than Meaning and Direction ($p=0.030$)
- Gender distribution: Overall significant, but due to small sample size, post-hoc contrasts did not reach significance.
### Changes in Measures from Baseline to Post-Spiritual AIM

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Mean</th>
<th>Post-Spiritual AIM Mean</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESAS - Total</strong></td>
<td>25.0</td>
<td>24.4</td>
<td>0.646</td>
</tr>
<tr>
<td><strong>CES-D-10</strong></td>
<td>4.2</td>
<td>4.1</td>
<td>0.502</td>
</tr>
<tr>
<td><strong>STAI-S</strong></td>
<td>43.6</td>
<td>41.9</td>
<td>0.294</td>
</tr>
<tr>
<td><strong>FACIT-Sp-Ex-12</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning</td>
<td>11.8</td>
<td>10.6</td>
<td>0.136</td>
</tr>
<tr>
<td>Peace</td>
<td>9.0</td>
<td>9.2</td>
<td>0.405</td>
</tr>
<tr>
<td>Faith</td>
<td>7.6</td>
<td>8.8</td>
<td>0.018*</td>
</tr>
<tr>
<td><strong>Brief RCope</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>14.0</td>
<td>15.0</td>
<td>0.082</td>
</tr>
<tr>
<td>Negative</td>
<td>9.2</td>
<td>9.3</td>
<td>0.803</td>
</tr>
</tbody>
</table>
# Changes in Measures from Baseline to Post-Spiritual AIM

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Post-Spiritual AIM Mean</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Dignity Inventory</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>53.6</td>
<td>51.6</td>
<td>0.280</td>
</tr>
<tr>
<td><strong>Mini-MAC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatalism</td>
<td>11.2</td>
<td>11.6</td>
<td>0.084</td>
</tr>
<tr>
<td>Fighting spirit</td>
<td>10.7</td>
<td>11.8</td>
<td>0.036*</td>
</tr>
<tr>
<td>Helpless/hopeless</td>
<td>14.1</td>
<td>13.4</td>
<td>0.382</td>
</tr>
<tr>
<td>Anxious preoccupation</td>
<td>20.7</td>
<td>20.2</td>
<td>0.478</td>
</tr>
<tr>
<td>Avoidance</td>
<td>9.0</td>
<td>9.2</td>
<td>0.510</td>
</tr>
<tr>
<td><strong>Mini-MAC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maladaptive coping</td>
<td>34.8</td>
<td>32.3</td>
<td>0.178</td>
</tr>
<tr>
<td>Adaptive coping</td>
<td>30.2</td>
<td>32.6</td>
<td>0.018*</td>
</tr>
</tbody>
</table>
What is qualitative research?
Chaplains need research!
Why is Qualitative Research great for Chaplains?

- Reflexive researcher is central to the process of qualitative research

- Participants’ perspectives are celebrated – they aren’t seen only as subjects of research!
Spiritual AIM Study

- Data Collection:
  - Observations
  - Interviews

- Analysis
  - Team meetings
  - Coding
  - Analyzing themes
What is coding?

- Marking that data
- Describing the themes – what is going on?
<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sees both sides</td>
<td>Patient sees and articulates both sides of most situations. <strong>Does not place blame.</strong> On the one hand, but on the other hand;</td>
<td>P23: “It was very much not cool. But on the one hand, then I didn’t have any money so I could get on MediCal and that’s what I’ve been on since then and it’s been pretty good.”</td>
</tr>
<tr>
<td>Past decisions/coping</td>
<td>Chaplain asks how patient has coped with similar crises. Chaplain asks how patient has made decisions in the past.</td>
<td>“Yeah. Well I’m just curious about how you made the decision. It seems like a big decision to have gone and I’m so excited for you to be able to go tonight. But how did that come about” (P9)</td>
</tr>
</tbody>
</table>
Key Questions in our study

- How do chaplains assess patients’ spiritual needs?
- How do chaplains intervene to address these needs?
- What outcomes do chaplains seek?
- How can chaplains tell if these outcomes are achieved?
Need for patients’ voices and perspectives

“I found that we had interesting and meaningful conversations, although I went in somewhat, you know, puzzled and skeptical as to what it would be like. But I felt like in those times when we sat together, it helped me sort of consolidate a larger perspective and it was also extremely positive in recognizing my strengths and what I brought to the challenges that I’ve been facing.”
Need for patients’ voices and perspectives

“I would've preferred that she have had more of a template, kind of an approach that – or an agenda even, really, to kind of guide me or hold my hand, so to speak, to kind of further the agenda of whom and whatever is behind this study. ‘Cause again, I feel like I don’t – I didn't have an opportunity or wasn't encouraged or led to a discussion on God, faith or spirituality.”
Conclusions

- Recruitment
  - Feasibility, tolerability of spiritual care research in patients with advanced cancer receiving palliative care

- Pre/post data on spiritual, psychological, physical and quality of life characteristics

- Generated a richly descriptive qualitative database
  - 93 chaplain-patient encounters
  - 30 exit interviews
  - 25 team meetings
Conclusions

- Evolution in articulation of Spiritual AIM
- Development of chaplains as researchers
- Deep description of chaplains’ work: assessments, interventions, and outcomes
- New research questions
Thank you!!

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