



# Providing Spiritual Care by Disease Process

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## Objectives

- ▶ To explore basic hospice spiritual care terminology in order that the learner will be able to effectively use such language in writing of spiritual plans of care
- ▶ To discover the Spiritual Markers in several disease processes so that the Chaplain may spiritually palliate the patient's inner pain.
- ▶ To identify spiritual concerns and interventions that will form the Plan of Care



# Introduction and Background

*“There is no such thing as cookie-cutter chaplaincy/spiritual care.”*

**The point of this presentation is to inform and educate so that our chaplaincy practice is one of intelligent, informed clinical chaplaincy.**



# Introduction and Background

**A Current view of health care:  
A BIO-PSYCHO-SOC-SPIRITUAL MODEL**

- Scientific view of pathophysiology
- Respect for the psychological
- Perception of the social environment
- Attention to the spiritual distress and the spiritual resources of the patient
- Described by Division of Behavioral Medicine at the University of Louisville School of Medicine

Dr. Thomas R. McCormick  
Dept. of Medical History & Ethics  
U.W. School of Medicine  
Adjunct Professor: Bioethics Program, Midwestern University



## About Diseases

- ▶ There are 30 diseases that we deal with in the hospice environment. In today's presentation we will examine 5 of these.
- ▶ Since the hospice Chaplain will journey with a patient for one visit all the way up to six or more months, it will greatly benefit the patient if the Chaplain is familiar with the "Spiritual Care Markers" of each disease and then employ pastoral care skills to ameliorate the issues.



Spiritual Care Markers of the Hospice Patient (in general)

## Common Spiritual Care Markers

Presenting Spiritual Concerns of Patient	Evidence from Patient Encounter
Meaning/worth	"I have no life." "Life as I knew is done?"
Fear of the unknown	"What is dying like? Is it painful?" "I'm really afraid to die."
Worry	"She won't be able to handle things when I die." "I hate it that I'm such a burden. They have enough to do without taking care of me."
Anxiety	"You sure the nurse will be here when I need her?" Often expressed in anxious body language... "What will I do if I can't breathe?"
Reconciliation	"My son/daughter and I haven't spoken in years." "God could never love me."
Anger	"How could God do this to me?" "I don't deserve this!"



## Disease-specific Spiritual Care Markers

### ALS—Lou Gehrig's Disease

Feelings of isolation  
 Grief/loss of traditional roles  
 Financial worry  
 Embarrassment  
 Suicidal ideation/hopelessness  
 Spiritual confusion/theodicy  
 Anger/rage



## Disease-specific Interventions

### ALS—Lou Gehrig's Disease

Young and McNicoll (1998) identified five important coping factors:

- (a) cognitive appraisal
- (b) reframing
- (c) intellectual stimulation
- (d) wisdom
- (e) interpersonal relationships

McDonald (2001) added coping strategies to maintain a sense of hope, sharing in the lives of significant others, and seeking help from others.

Above all...LISTEN, LISTEN, LISTEN without judgment



## Disease-specific Spiritual Care Markers

HIV/AIDS
Fear of rejection
Reduced financial security
Suicidal ideations
Anxiety
Stigma and ostracism



## Disease-specific Interventions

### HIV/AIDS

The Chaplain must convey a non-judgmental and non-condemnatory presence to build a "safe haven".

Reflective listening

Reflective conversation

- "Tell me how things are going for you."
- "What is the most difficult part of this illness for you?"
- "As you think about what lies ahead, what concerns you the most?"
- "As you look ahead, what do you hope for?"

Clarifying Conversation

"Tell me more about that."

"Sounds like you're really worried about..."

"What do you mean by '\_\_\_' ('futile', 'vegetable', 'hopeless', 'giving up',)?"



## Disease-specific Spiritual Care Markers

Alzheimer's Disease/Dementia
Fear
Loss of religious connection
Anxiety
Depression
Grief
Meaning/worth



## Disease-specific Interventions

Alzheimer's Disease/Dementia
Non-anxious presence
Communication Care Kit <ul style="list-style-type: none"> <li>• Visuals</li> <li>• Music</li> <li>• Tactiles</li> <li>• Affirmations of Personal Worth</li> </ul>
Time



# Communication Care Kit

## Pastoral Care Scenarios



  
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# Communication Care Kit



  
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## Communication Care Kit



  
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## Communication Care Kit

### ➤ Affirmations of Personal Worth

- God loves you.
- You matter.
- You matter to God.
- You matter to me.
- You are safe.
- You are a child of God.
- You are special.
- You are special to God.

  
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## Disease-specific Spiritual Care Markers

### Cancer—Key issue: Distress due to:

Theodicy issues

Depression

Anger

Worry/anxiety

Fear

Loss issues

“Dark night of the soul”



**Table 3.** Items Marked as Frequently or Always a Need

Item—I need to:	Mean	SD	Percent
Be with family	4.3	0.9	80.2
See smiles of others	4.0	1.1	70.9
Think happy thoughts	3.9	0.9	70.9
Laugh	3.8	1.2	64.6
Talk about day to day things	3.6	1.3	62.5
Be with friends	3.6	1.3	52.1
Pray	3.5	1.6	50.0
Have information about family and friends	3.1	1.5	46.9
Being around children	2.6	1.4	25.0
Sing/listen to inspirational music	2.6	1.4	23.0
Be around people who share my beliefs	2.3	1.4	23.0
Go to religious services	2.3	1.5	25.0
Talk with someone about spiritual issues	2.0	1.2	10.5
Read a religious text (Bible, Koran, etc.)	2.0	1.2	11.5
Read inspirational materials	1.9	1.3	11.5
Use inspirational materials	1.8	1.2	8.3
Use phrases from religious texts	1.7	1.1	10.4

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**Spiritual Needs of Persons With Advanced Cancer**  
Diane M. Hampton, UCC,  
MDiv, Dana E. Hollis, OSF, MA,  
Dudley A. Lloyd, SBC, MACE,  
James Taylor, MDiv, ACPE,  
and Susan C. McMillan, PhD,  
ARNP, FAAN



# Disease-specific Interventions

## Cancer

Listening

Cognitive Appraisal

Discuss “The Existential Slap” with a view to work with patient on a strategy to re-frame life. Patient interaction is a valuable tool to ensure patient regains some manner of control.

Bucket List

Pet therapy

Clinical use of prayer



# Disease-specific Spiritual Care Markers

## COPD

Meaning

Purpose

Regrets

Questions of existence

Destiny

Anxiety

Fear of dying breathlessness or of suffocation



# Disease-specific Interventions

## COPD

### Supportive Listening

### Relaxation exercises

- “Be still and know that I am God/Be still and know that I am/Be still and know/Be still/Be”
- “Finger Labyrinth”
- Journaling

### Clinical/therapeutic use of prayer

- A discussion rather than an action by the Chaplain
- “What do you need?”
- “Who do you need to forgive?”
- “Who do you need to ask forgiveness from?”
- “What are you thankful for?”
- Forms of prayer: The Lord’s Prayer, Serenity Prayer, The Hail Mary



# The Finger Labyrinth

Source: standrewpres.net



## To Use a Finger Labyrinth

- ▶ To use a finger labyrinth...
- ▶ Sit quietly with soft music playing
- ▶ Become still and settled
- ▶ When you are ready... slowly trace the labyrinth path with a finger, use a finger on the hand that you do not write with, just let your thoughts come to the surface and let them flow... release them...
- ▶ When you reach the center... rest and consider your thoughts... pause for a while and spend some time reflecting and receiving new thoughts, feelings and blessings...
- ▶ When you are ready return along the same path recognizing and reflecting on any changes in feelings...
- ▶ When you exit the labyrinth gently place the palm of your hand over the labyrinth in a moment of respect for your experience.

[www.pilgrimpaths.co.uk/Finger%20Labyrinth%20Guide.pdf](http://www.pilgrimpaths.co.uk/Finger%20Labyrinth%20Guide.pdf)



## Q & A



## Resources: ALS

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## Resources: HIV/AIDS

- ▶ AIDS.gov
- ▶ Biddle, Perry H. *Abingdon Hospital Visitation Manual*, Nashville: The Parthenon Press, page 79.
- ▶ <http://hivinsite.ucsf.edu/InSite-KB-ref.jsp?page=kb-03-03-05&ref=kb-03-03-05-tb-03&no=3>
- ▶ <http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2006.00642.x/full#ss21>



## Resources: Alzheimer's Disease

### Articles

- **Behaviors Associated with Dementia (2005)** This article provides an overview of cognitive impairment in older adults and suggests interventions that can help providers understand the "behavioral symptoms" of dementia, which are often considered a way of communicating unmet needs. July 2005 [http://www.nursingcenter.com/prodev/ce\\_article.asp?tid=591344](http://www.nursingcenter.com/prodev/ce_article.asp?tid=591344)
- **Caring for Persons with Alzheimer's and Other Dementias (2007)** This publication is designed to help hospices better understand the many challenges in providing quality, person-centered care to patients with dementia, and their families and caregivers. <http://nhpco.org/files/public/Dementia-Caring-Guide-final.pdf>

### Books

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- Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition, 2000
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## Resources: Cancer

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## Resources: COPD

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<https://godspace-msa.com/2012/05/23/what-on-earth-is-a-finger-labyrinth/>

[www.pilgrimpaths.co.uk/Finger%20Labyrinth%20Guide.pdf](http://www.pilgrimpaths.co.uk/Finger%20Labyrinth%20Guide.pdf)

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