

SPIRITUAL CARE IN PALLIATIVE CARE

Presented by:

Brenda Haggett, MTS, TITC-CT, MACP, RPC, RP
Registered Psychotherapist
Spiritual Care Program



Brockville
General Hospital



Religion

Spirituality

Source: Unknown



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Spirituality: A Definition

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. Given this broad definition, it can be said that everyone is spiritual in one form or another."

McCusker, M., Cerorsky, L., Crone, C., Epstein, H., Greene, B. et al. (2013). Palliative care for adults. Institute for Clinical Systems Improvement.

Spiritual Care: A Definition

“[Spiritual Care] consists of giving professional attention to the subjective spiritual and religious worlds of patients; worlds comprised of perceptions, assumptions, feelings and beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death. It gives attention to the role of the sacred in the worldviews of patients.”

VandeCreek, L. (2010). Defining and advocating for spiritual care in the hospital. Retrieved from <https://doi.org/10.1177/154230501006400205>

Spiritual Care: Purpose

"Spirituality is an essential element of healthcare because spirituality is, as Viktor Frankl wrote, the essence of our humanity. It is that part of people that seeks healing, meaning and grounded-ness in the midst of suffering or illness."

Puchalski, C. (2010). The spiritual history: An essential element of patient-centred care. In. W. McSherry & L. Ross (Editors) *Spiritual Assessment in Health Care Practice* (pp.79-94). Cumbria, UK: M & K Publishing



Defining the terms

Spirituality

- Any belief or practice that fosters meaning, intrinsic value, and integrity as a basis for being
- The energy within that looks for meaning/purpose
- Formal/informal
- A way of connecting with the sacred, transcendent or ultimate truth/reality
- Subjective side of religious experience

Religion

- Adherence to a belief system and practices associated with a tradition in which there is agreement about what is believed and practiced
- Creedal, ritual, institutional, formalized
- A way of connecting with God (defined)
- A fixed system of ideas, beliefs and values



URGENCY



IMPORTANCE

RED -

Physical Symptoms: Pain, Dyspnea, Nausea, Other
Delirium
Depression (Suicide Risk)

ORANGE -

Constipation
Physical Symptoms: Insomnia, Anorexia, Fatigue, Sedation
Emotional: Anxiety, Depression
Nutrition

GREEN -

Physical – Social Function
Family Structure & Function
Financial
Spiritual

Advanced Care Planning

BLUE -

LEGACY – Dignity Therapy
Meaning – Logotherapy
Symbolic Immortality
Well-being
Sources of Joy

Source: Dr. E. Bruera

Spiritual Care: We NEED to do this

Standard 7: Psychosocial Aspects of Care "[the] care team should assess [patient's] mental, emotional, social, cultural, and spiritual well-being...[and] be addressed as part of [the] care plan...according to [patient's] wishes, values, and goals of care."

Ontario Palliative Care Network & Health Quality Ontario. (2019). Quality Standards: Palliative Care: Care for adults with a progressive, life-limiting illness.



Spiritual Needs

- * Suffering
- * The Change/End of the SELF
- * Non-existence > Finiteness
- * Demoralization
- * Alterations in Spiritual Integrity
- * 7 Dimensions of spiritual need



Spiritual Needs, Cont'd.

- * Existential/Divine Struggles
- * Intra-psychic struggles
- * Interpersonal struggles

Source: Pargament, K.I. (2007). Spiritually Integrated
Psychotherapy

Screening for Spiritual Needs

- * FICA
- * HOPE
- * SPIRIT
- * BELIEF
- * FACT



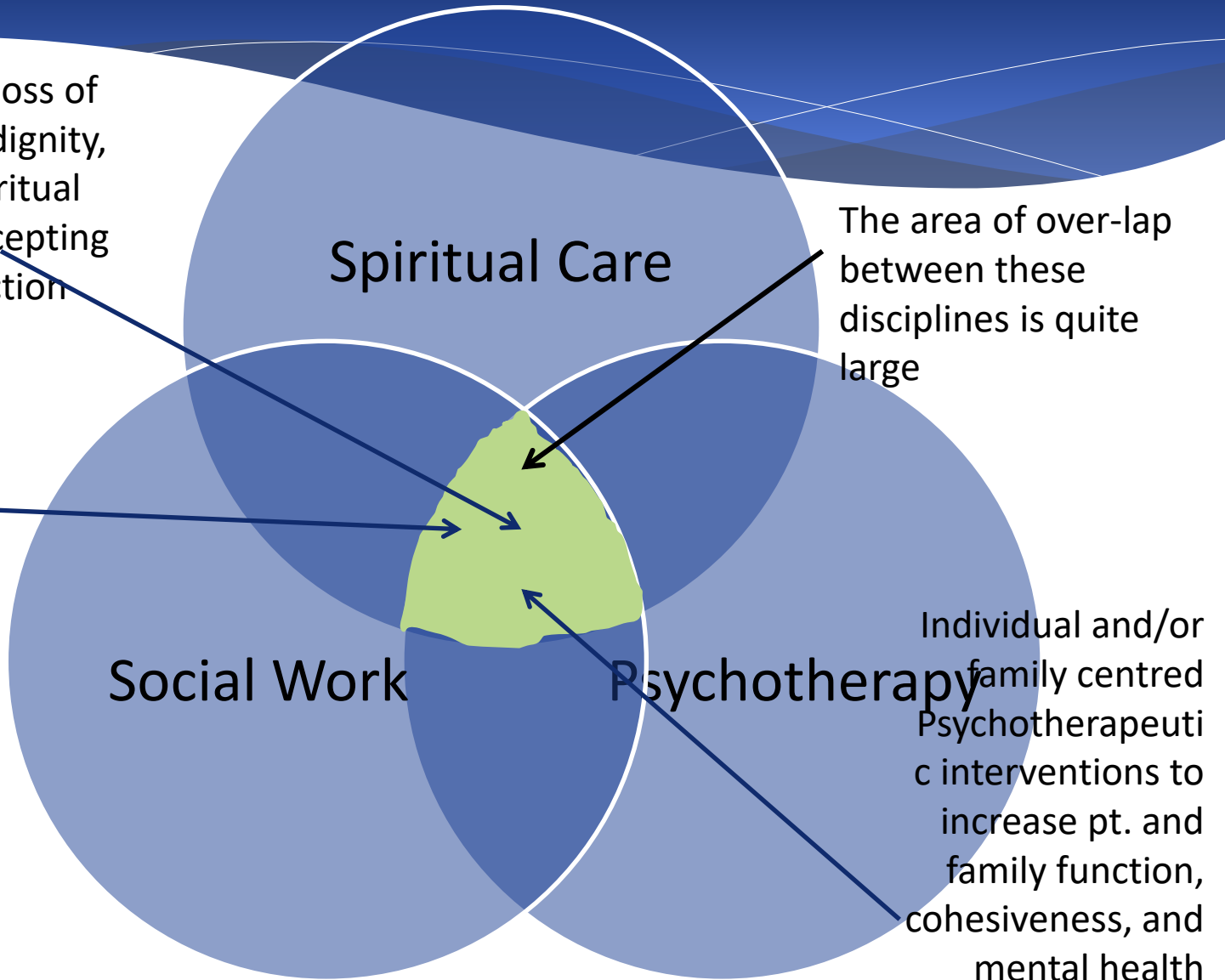
Assessing Spiritual Needs

- *Spiritual Needs Survey
- *PC-7
- *SDAT
- *Spiritual Well-Being Scale



Existential issues: loss of resilience, loss of dignity, loss of control, spiritual crisis, difficulty accepting what is, dissatisfaction with life.

Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.



The area of over-lap between these disciplines is quite large

Individual and/or family centred Psychotherapeutic interventions to increase pt. and family function, cohesiveness, and mental health during palliative care illness

Meeting Spiritual Needs

The potential for healing
and dying well



I-Thou

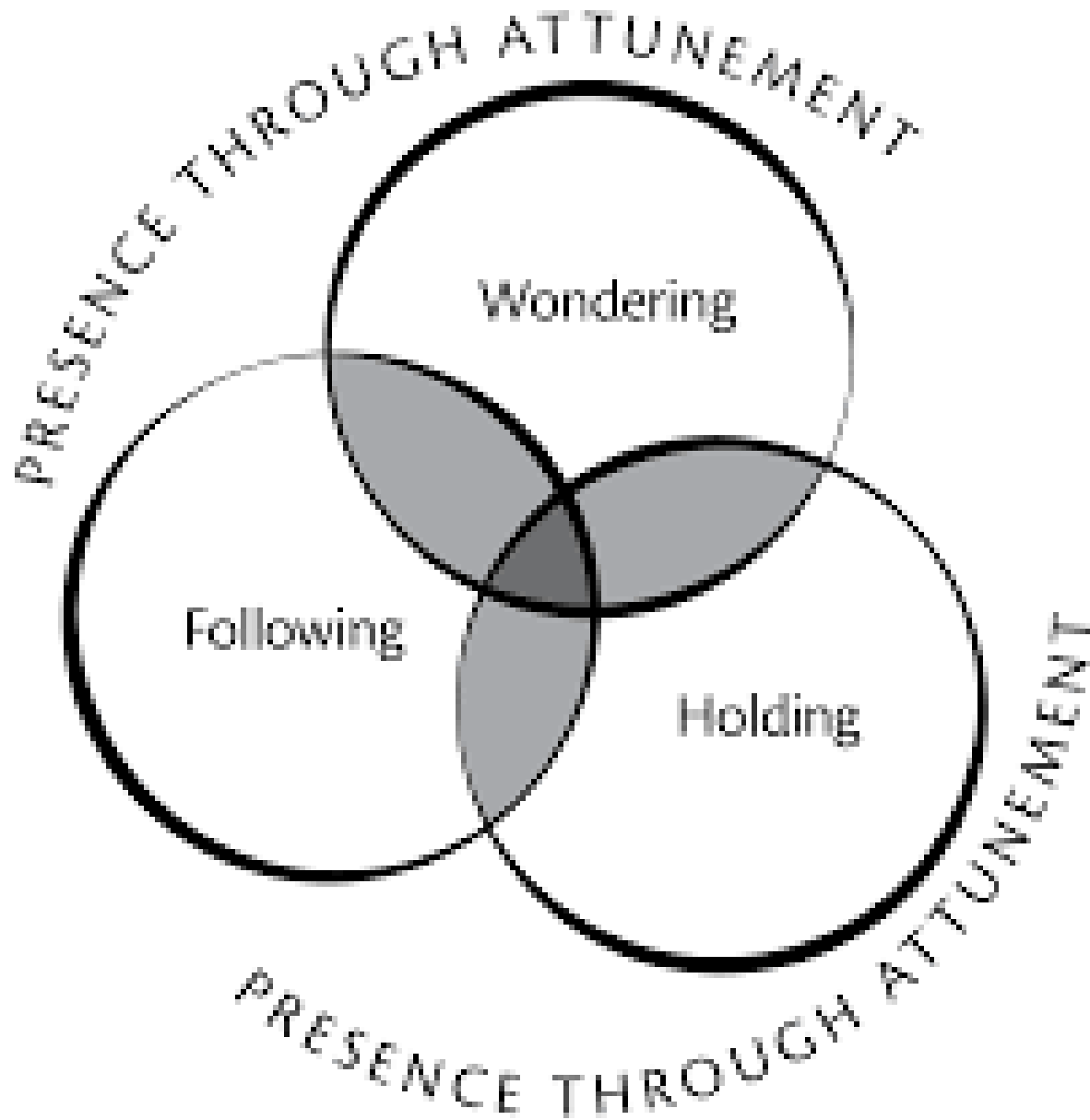
“To care for someone, I must know who I am.

To care for someone, I must know who the other is.

To care for someone, I must be able to bridge the gap between myself and the other.”

Jean Watson





ATTUNED PRESENCE

- * The art of creating harmony – a synchronous dance
- * Holding Sacred Space
- * Sets the stage for spiritual healing
- * Is a pre-requisite for therapeutic relationships

“ We are present with one another, and that presence-the eye-to-eye, deeply-breathed connection in which at least one being is in calm, silent wonderment of the other – heals things in us that we didn’t even know were broken.”



Spiritual Care Interventions

* General Goals:

- * Connect emotionally
- * Convey empathy
- * Unconditional positive regard
- * Promotion of trust
- * Enhance spirituality, empower, support
- * Gently challenge limiting beliefs
- * Let them be as they are...don't attempt to fix it



Existential	Form	Symptoms	Approaches
Death	Death anxiety	Fears of process of or state of being	Spiritually integrated psychotherapy, religion (if appropriate) CBT, Existential Psychotherapy
Loss	Complicated grief	Depressive disorders	Supportive psychotherapy, grief therapy, interpersonal psychotherapy
Existential isolation	Loneliness	Feeling disconnected	Family-focused grief therapy, Meaning-centred Therapy
Loss of Meaning	Despair, hopelessness	Loss of identity	Existential psychotherapy, Meaning-Centred Therapy, Narrative and Dignity Therapy
Freedom	Loss of control	Indecisive, obsessive	Supportive Psychotherapy, Interpersonal, Psychodynamic
Dignity	Demoralization Desire for hastened death	Shame, body image, fear of being a burden	Supportive Psychotherapy, Grief Therapy, Narrative and Dignity Therapy

Conclusion

“Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

Pema Chodron



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Presented by: Brenda Haggett

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75 Charles Street, Brockville, ON K6V 1S8

613-345-5649

www.brockvillegeneralhospital.ca



Brockville
General Hospital