Evidence-based Spiritual Care for Chaplains: Desirable? Feasible? How do we get there?

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-46***
-69***

Hopelessness

Religious Belief

-46***

Depression

***p<.001, **p<.01.
N = 271
Outline: Evidence-Based Spiritual Care

1. Definitions
2. The case for and against
3. Some US chaplaincy-related research
4. Next steps

- .46***
- .69***

Hopelessness

Religious Belief

Depression

***p<.001, **p<.01.
N = 271
How Do We Know Good Spiritual Care?

Tradition – *We have always done it this way.*

Policy – *This is the way we are supposed to do it.*

Education – *I was taught to do it this way.*

Personal Experience/Trial and Error
- *I found doing it this way usually works.*
- *I tried several ways and this this one works best.*

Intuition – *Doing it this way feels right to me.*

Research – *There is evidence this is the best way to do it.*

From Hundley, 1999
Evidence-Based Spiritual Care

“Evidence-based spiritual care is the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons”

Tom O’Connor (2002). Journal of Religion and Health
Evidence-based practice in psychology is the integration of

- **the best available research**
- **clinical expertise**
- **in the context of patient characteristics, culture, and preferences.**

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**What is Evidence-Based Practice?**

EBP Model

- Practitioner’s Individual Expertise
- Best Evidence
- Client Values and Expectations

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American Psychological Association

APA Policy Statement on Evidence-Based Practice in Psychology, 2005
AGAINST Evidence-Based Spiritual Care

It can’t be done

Stiger: God, the Spirit, presence, prayer, etc. are much too big and always will be mysteriously beyond our attempts to measure and quantify.

Mowat: At times the good outcome of chaplain care causes distress and anxiety

Walter: Routinization of spiritual care destroys its ethos - vulnerability

It shouldn’t be done

Sulmasy: Once pastoral care services succumb to the need to prove they can decrease the length of stay or improve patient satisfaction all will be lost.

Illich: Professionalized spiritual care robs people of the capacity to care for themselves and one another
FOR Evidence-Based Spiritual Care

“Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful”

(O’Connor TSJ and Meakes E. 1998. The first article to use the term “evidence-based” pastoral care.)
FOR Evidence-Based Spiritual Care

“Is evidence-based spiritual care an oxymoron?
I see it as a paradox, as ambiguity and as mystery”
(p. 261, O’Connor, T, 2002)

Good stewardship of creation requires our best, evidence-based, care
(Grossoehme in Fitchett & Grossoehme, 2011)
Can Religion and Science Co-Exist?

Conflict: opposite and antagonistic, conflict
Mutual independence: separate and different
Dialogue: meeting on boundaries
Integration

Ian Barbour
Standard 12: Research

The chaplain practices evidence-based care including ongoing evaluation of new practices and when appropriate, contributes to or conducts research.

(http://www.professionalchaplains.org)
Chaplaincy: A Research-Informed Profession

• **Research Literacy**
  All health care chaplains should be research literate

• **Research Collaboration**
  Some health care chaplains will be qualified to collaborate in research conducted by health care colleagues (co-investigators)

• **Research Leadership**
  Some health care chaplains will be qualified to lead research projects (principal investigators)
A research-literate chaplain has the ability to read, understand, and summarize a research study and to explain its relevance for his/her spiritual care.
Anton T. Boisen
*Explorations of the Inner World: A Study of Mental Disorder and Religious Experience* (Willett, Clark & Company, 1936)
Chaplaincy-related Research in the US

• What chaplains do

• Describing & assessing spiritual needs & resources

• The impact of the chaplains’ care by itself

• The impact of the chaplains’ care in a multidisciplinary intervention
## Describing Spiritual Needs

(369 oncology outpatients in NYC)

<table>
<thead>
<tr>
<th>Spiritual need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding meaning in life</td>
<td>27%</td>
</tr>
<tr>
<td>Finding hope</td>
<td>28%</td>
</tr>
<tr>
<td>Overcoming fears</td>
<td>37%</td>
</tr>
<tr>
<td>Talk about meaning of life</td>
<td>20%</td>
</tr>
<tr>
<td>Talk about death and dying</td>
<td>20%</td>
</tr>
<tr>
<td>Finding peace of mind</td>
<td>30%</td>
</tr>
<tr>
<td>Spiritual needs not being met</td>
<td>18%</td>
</tr>
</tbody>
</table>

Astrow et al, 2007
Anger With God and Rehab Recovery

Religious Struggle Screening Protocol in BRIGHTEN Participants (n=204)

Is R/S important to you as you cope with your illness?

- YES (82%)
  - How much strength or comfort do you get from your R/S right now?
    - All that I need (40%)
    - Less than I need or none at all (42%) 
      - R/S Struggle Path 1
  - Has there ever been a time when R/S was important to you?
    - YES (9%)
    - NO (9%) 
      - R/S Struggle Path 2

- NO (18%)
Effect of Chaplain Visit On COPD Patient Anxiety

Mean Anxiety Score (0-63)

Baseline Anxiety

Discharge Anxiety

Intervention Gp (N=25) | Control Gp (N=24)

Source: Iler et al. (2001).
Effect of Chaplain Visit On COPD Patient LOS

Source: Iler et al., 2001
Next Steps: Begin with Case Studies

Case Study of a Chaplain’s Spiritual Care for a Patient with Advanced Metastatic Breast Cancer

RHONDA S. COOPER
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins,
Baltimore, Maryland, USA

The case study seeks to describe an oncology chaplain’s pastoral relationship with a 64-year-old woman with advanced metastatic breast cancer. The patient’s distress was complicated by a history of anxiety and other chronic medical conditions. Approximately 16 pastoral encounters occurred during the last year of the patient’s life. The patient, chaplain, and the pastoral conversations are presented as well as a retrospective assessment of them. The chaplain’s interventions were appropriate for the patient’s spiritual needs, particularly in regard to her fear of death, loneliness, grief that her life was “too short” and estrangement from her inherited faith tradition, with observable benefits for the patient. The oncology chaplain has a distinctive role in the healthcare team as one who can meet the patient at the point of their spiritual need, provide appropriate interventions and, thereby, ameliorate the distress, particularly in regard to death anxiety, peace of mind, and issues of meaning.
Next Steps: Multi-disciplinary Studies

TBI-PBE Religion/Spirituality Form v.10.29.08

**General Information**

- **Patient Name:**
- **Chaplain ID:**

**Activity Key**

<table>
<thead>
<tr>
<th>Individuals Present</th>
<th>Rituals</th>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient Alone</td>
<td>A. Hope</td>
<td>A. House</td>
</tr>
<tr>
<td>B. Family Alone</td>
<td>B. Prayer</td>
<td>B. Theological struggle</td>
</tr>
<tr>
<td>C. Family and Patient</td>
<td>C. Communion/Exchange</td>
<td>C. Meaning</td>
</tr>
<tr>
<td></td>
<td>D. Scripture</td>
<td>D. Music</td>
</tr>
<tr>
<td></td>
<td>E. Anointing</td>
<td>E. Nurturing</td>
</tr>
<tr>
<td></td>
<td>F. Confession</td>
<td>F. Other</td>
</tr>
<tr>
<td></td>
<td>G. Unassisted Access</td>
<td>G. Other</td>
</tr>
</tbody>
</table>

**Listening/Presence**

<table>
<thead>
<tr>
<th>Date</th>
<th>Minutes</th>
<th>Activities</th>
</tr>
</thead>
</table>

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**Family & Caregiver Assessment**

- **Admission:**
  - **First Date:**
  - **Final Date:**
  - **Patient:**
  - **Primary Caregiver:**

- **Discharge:**
  - **Final Date:**
  - **Patient:**
  - **Primary Caregiver:**

**Questions and Assessments**

1. Based on your knowledge of the patient/primary caregiver, how would you describe the patient/primary caregiver?
   - Deeply religious/spiritual
   - Fairly religious/spiritual
   - Not at all religious/spiritual
   - Unable to determine

2. To what extent does it appear to you that the patient/primary caregiver is experiencing religious/spiritual distress?
   - High level of R/S distress
   - Moderate level of R/S distress
   - No or slight R/S distress
   - Unable to determine

3. Based on your knowledge of the patient/primary caregiver, how would you describe the patient/primary caregiver?
   - Deeply grateful
   - Fairly grateful
   - Not at all grateful
   - Unable to determine

4. Based on your knowledge of the patient/primary caregiver, how would you describe the patient/primary caregiver?
   - Unrealistically believes everything will get better
   - Realistically hopeful about future
   - Very discouraged about future
   - Unable to determine

5. Are members of the family confirmed about the role of religion in ongoing? (note one)
   - YES
   - NO
   - NA
   - YES
   - NO
   - NA
## Next Steps: Outcomes Oriented Care

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 pediatricians (14 general peds, 16 peds oncology)</td>
<td>22 chaplains (13 directors, 9 staff chaplains)</td>
</tr>
</tbody>
</table>

### Emphasis on tasks

<table>
<thead>
<tr>
<th>Chaplains help by:</th>
<th>Chaplains focus on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>performing rituals</td>
<td>wholeness</td>
</tr>
<tr>
<td>liaison to family's faith group</td>
<td>presence/companionship</td>
</tr>
<tr>
<td>providing support and counseling especially in times of crisis like death</td>
<td>healing - helping people find meaning and peace via supportive relationships</td>
</tr>
</tbody>
</table>

| Chaplains are members of the health care team | Chaplains wish they were included more often |

| Overall positive view of chaplains | Cadge et al., 2011 |

Cadge et al., 2011
### Next Steps: Outcomes Oriented Care

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians emphasize chaplain contribution to key outcomes</td>
<td>Chaplains emphasize process (presence)</td>
</tr>
<tr>
<td>Address spiritual suffering</td>
<td>Chaplains provide a listening, supportive presence</td>
</tr>
<tr>
<td>Improve family-team communication</td>
<td>Chaplains comment on outcomes</td>
</tr>
<tr>
<td>Physicians are aware of process</td>
<td></td>
</tr>
</tbody>
</table>

Next Steps: Outcome Oriented Care

Profile
- Concept of Holy
- Meaning
- Hope
- Community

Discipline for Pastoral Care Giving – Arthur Lucas, 2001
Next Steps: Best Practices in Chaplaincy

SPIRITUAL CARE HANDBOOK ON PTSD/TBI

The Handbook on Best Practices for the Provision of Spiritual Care to Persons with Post Traumatic Stress Disorder and Traumatic Brain Injury

By
The Rev. Brian Hughes, BCC
The Rev. George Handzo, BCC

Next Steps: Evidence-based Care

1. INTENTIONAL MINISTRY OF PRESENCE:

Objective:
Facilitate spiritual healing through an intentional ministry of presence.

Evidence:

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Sources</th>
<th>QE</th>
<th>OQ</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide an intentional ministry of presence for persons with TBI</td>
<td>(Interview-Ridley)</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
</tbody>
</table>

QE = Quality of Evidence  OQ = Overall Quality  R = Recommendation

EVIDENCE GRADING SYSTEM

QUALITY OF EVIDENCE (QE):

I. At least one properly done RCT
II-1 Well designed controlled trial without randomization
II-2 Well-designed cohort or case-control analytic study
II-3 Multiple time series, dramatic results of uncontrolled experiment
III Opinion of respected authorities, case reports, and expert committees

OVERALL QUALITY (OQ):

Good High grade evidence (I or II-1) directly linked to health outcome
Fair High grade evidence (I or II-1) linked to intermediate outcome; or Moderate grade evidence (II-2 or II-3) directly linked to health outcome
Poor Level III evidence or no linkage of evidence to health outcome

FINAL GRADE OF RECOMMENDATION - THE NET BENEFIT OF THE INTERVENTION

A - A strong recommendation that the intervention is always indicated and acceptable
B - A recommendation that the intervention may be useful/effective
C - A recommendation that the intervention may be considered
D - A recommendation that a procedure may be considered not useful/effective or may be harmful
I - Insufficient evidence to recommend for or against – the clinician will use clinical judgment.
Next Steps: Evidence-based Care

**Evidence:**

<table>
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<tr>
<th>Recommendations</th>
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<th>OQ</th>
<th>R</th>
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<tbody>
<tr>
<td>1. The chaplain should assist the person with PTSD in identifying what</td>
<td>(Dombeck, M. Accessed 4/16/09 Interview with</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
<tr>
<td>specific losses the person is grieving</td>
<td>numerous chaplains)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The chaplain can provide a safe place for the person with PTSD to actively</td>
<td>Interviews with numerous chaplains</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
<tr>
<td>express his or her grief, anger, resentment, and other “negative” emotions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. The chaplain can provide some basic grief education to help normalize the</td>
<td>Interviews with numerous chaplains</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
<tr>
<td>emotional cycles and responses a person is having</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The chaplain can assist the person with PTSD in identifying positive and</td>
<td>Interviews with numerous chaplains</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
<tr>
<td>effective coping strategies, including but not limited to religious and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>spiritual exercises.</td>
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**Quality of Evidence (QE):**
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**Final Grade of Recommendation - The Net Benefit of the Intervention:**
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- C - A recommendation that the intervention may be considered
- D - A recommendation that a procedure may be considered not useful/effective, or may be harmful
- I - Insufficient evidence to recommend for or against – the clinician will use clinical judgment

**3. GRIEF WORK:**

**Objective:** Assist the person with PTSD work through unresolved grief.
Next Steps: Chaplain Education and Certification

- Need to teach research literacy skills in CPE residency programs
- Create research journal clubs in chaplaincy departments
- Demonstrate research literacy for chaplaincy certification

![Change in Chaplains' Feelings About Research](image)

Murphy and Fitchett, 2010
When it’s over, I want to say:
all my life I was a bride married to amazement.

from When Death Comes
by Mary Oliver