The Chaplain on the Spiritual Care Team

A 2015 CRC Chaplains Conference presentation on May 29 by:

Harold G. Koenig, MD

Professor of Psychiatry and Associate Professor of Medicine

Duke University Medical Center, Durham, North Carolina USA

Adjunct Professor, Dept. of Medicine King Abdulaziz University, Jeddah, Saudi Arabia

Adjunct Professor of Public Health, Ningxia Medical University, Yinchuan, P.R. China

DukeMedicine

Overview

8:30-9:30

1. Meaning of "integrating spirituality into patient care"
2. Why do so? The rationale
3. Research justifying the integration
4. The "Spiritual Care Team" – roles and responsibilities
5. Role of the Chaplain on the spiritual care team (one view)
6. What chaplain needs from other team members
7. What chaplains provide to the team
8. Adventist Health System project

"Integrating Spirituality into Patient Care": What does this mean?

1. The physician conducts brief "spiritual assessment" to identify spiritual needs related to medical care
2. The Spiritual Care Coordinator arranges for other members of the "Spiritual Care Team" to address spiritual needs identified by the physician
3. An atmosphere is created where the patient feels comfortable talking about spiritual needs with physician and other team members
4. "Spiritual Care" is provided to all patients as part of whole-person medicine

Why do this? Why integrate spirituality into patient care?

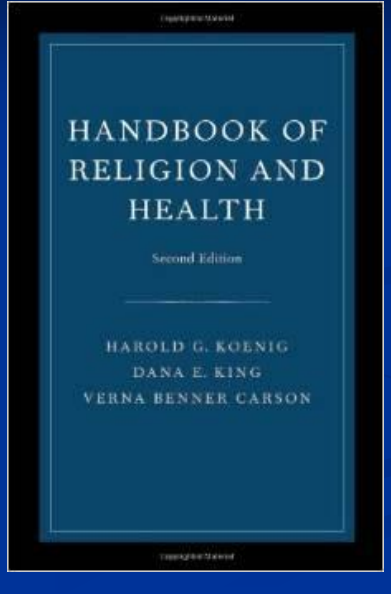
1. Affects satisfaction with care, quality of life, healthcare costs
2. Affects emotional state and motivation towards recovery
3. Affects health-related behaviors and medical outcomes
4. Affects medical decisions made by both patients and physicians
5. Show respect patients' cultural and spiritual beliefs (JCAHO)
6. Affects patient monitoring and compliance with treatment
7. Has benefits to the health professional

Religion as a Coping Behavior

1. Many persons turn to religion for comfort when stressed
2. Religion used to cope with common problems in life, especially those involving medical or psychiatric illness
3. Religion often used to cope with challenges such as:

   - uncertainty
   - fear
   - pain and disability
   - loss of control
   - discouragement and loss of hope

Systematic RESEARCH justifies all of the above



Depression

The most common emotional disorder found in medical settings

- 20% with major depression
- 20% with minor depressive disorders

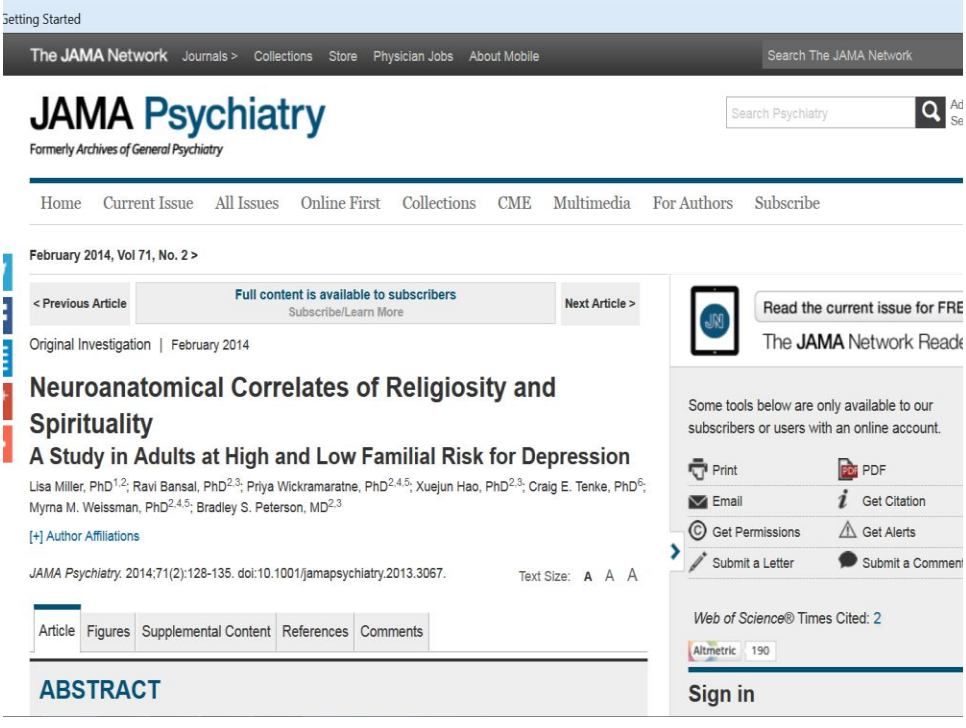
Religious involvement is related to:

Less depression, faster recovery from depression

272 of 444 studies (61%)

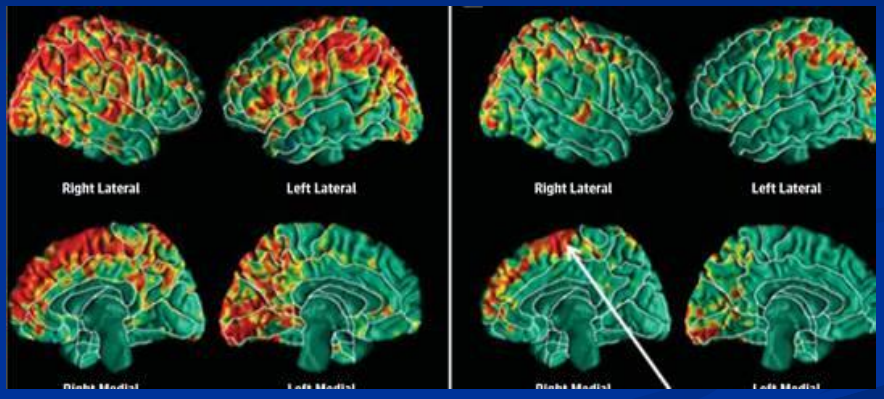
[67% of best]

More depression (6%)



Religion/Spirituality and Cortical Thickness: A functional *MRI Study*

Areas in red indicate reduced cortical thickness



Religion NOT very important Religion very important

Citation: Miller L et al (2014). Neuroanatomical correlates of religiosity and spirituality in adults at high and low familial risk for depression. JAMA Psychiatry 71(2):128-35

Well-being and Happiness

(systematic review)

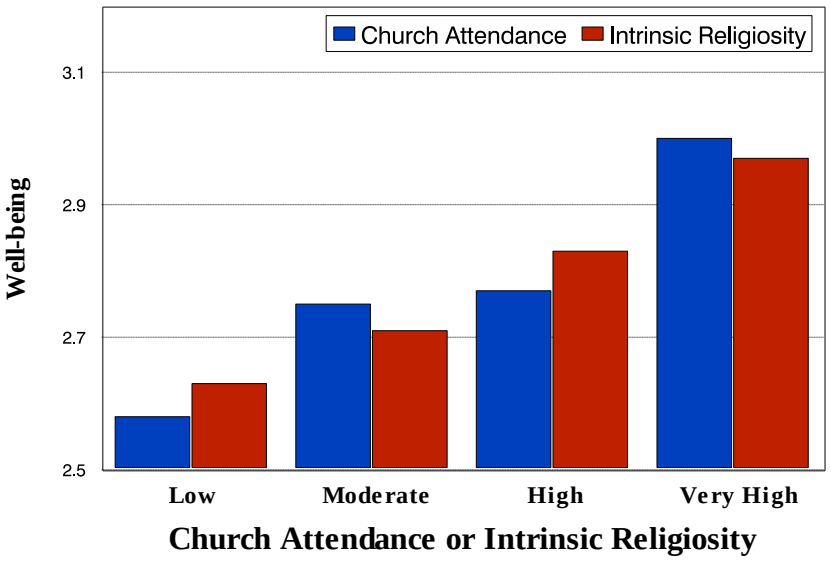
Religious involvement is related to:

Greater well-being and happiness
256 of 326 studies (79%)
[82% of best]

Lower well-being or happiness (<1%)

Religion and Well-being in Older Adults

The Gerontologist 1988; 28:18-28



Religious categories based on quartiles (i.e., low is 1st quartile, very high is 4th quartile)

Meaning, Purpose, Hope, Optimism

(systematic review)

Religious involvement is related to:

Greater meaning and purpose
42 of 45 studies (93%)
[100% of best]

Greater hope
29 of 40 studies (73%)

Great optimism
26 of 32 studies (81%)

All of the above have consequences for patients' motivation for self-care and efforts toward recovery

Suicide
(systematic review)

Religious involvement is related to:

Less suicide and more negative attitudes toward suicide (106 of 141 or 75% of studies)

Why?

A religious worldview gives people a reason for living – it gives life meaning -- especially those with chronic disabling medical illness, or faced with life-threatening medical diagnoses

Alcohol Use/Abuse/Dependence
(systematic review)

Religious involvement is related to:

Less alcohol use / abuse / dependence

240 of 278 studies (86%)

[90% of best]

Illicit Drug Use
(systematic review)

Religious involvement is related to:

Less drug use / abuse / dependence

155 of 185 studies (84%)

[86% of best]

[95% of RCT or experimental studies]

Social Support
(systematic review)

Religious involvement is related to:

Great social support

(61 of 74 studies) (82%)

Exercise, Weight, High Risk Behaviors

(systematic review)

Religion is related to:

- More exercise/physical activity
  (25 of 37 studies) (68%)
- Less extra-marital sex, safer sexual practices (fewer partners) (82 of 95 studies) (86%)
- Lower weight
  (7 of 36 studies) (19%)
- Heavier weight
  (14 of 36 studies) (39%) 

Cigarette smoking

(systematic review)

Religious involvement is related to:

Less cigarette smoking, especially among **the young**

(122 of 135 studies) (90%)

Religion and Physical Health

Cardiovascular Disease
(systematic review)

Religious involvement is related to:

Lower blood pressure
(36 of 63 studies) (57%)

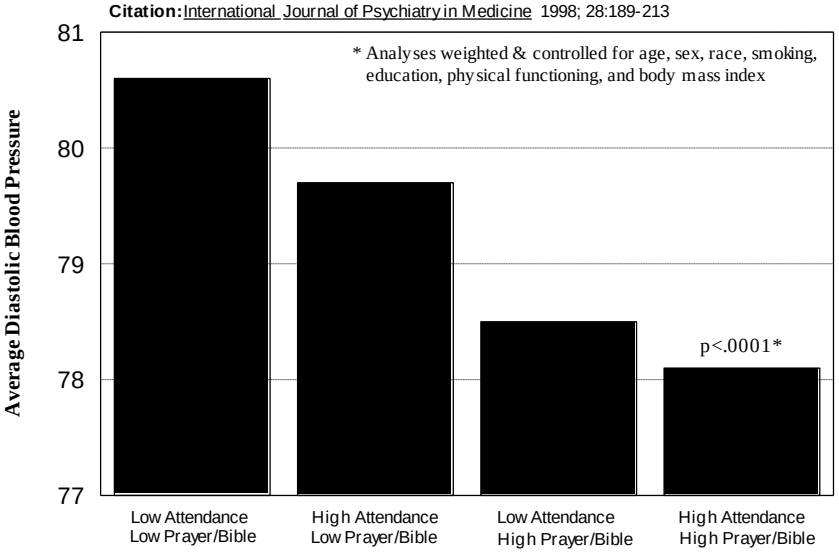
Better cardiovascular functions (CVR, HRV, CRP)
(10 of 16 studies overall) (63%)

Less coronary artery disease
(12 of 19 studies overall) (63%)

Religious Activity and Diastolic Blood Pressure

(n=3,632 persons aged 65 or over)

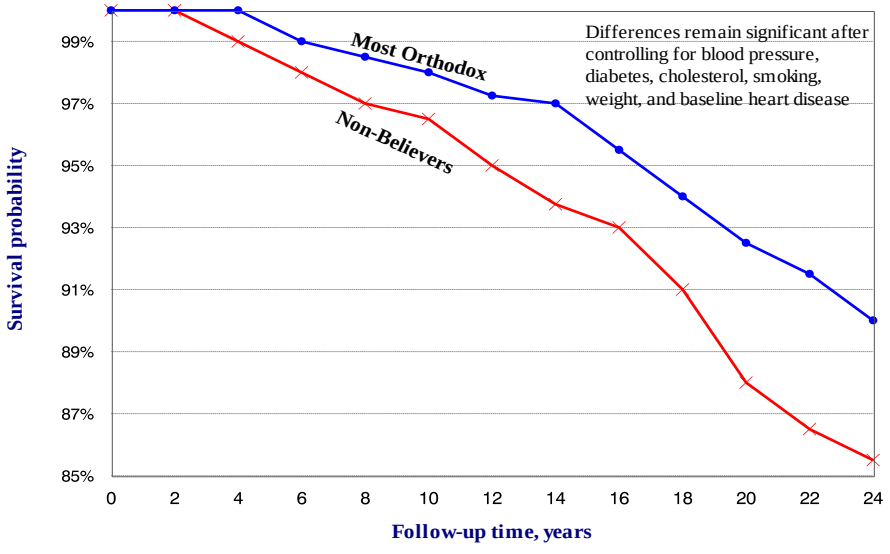
Citation: International Journal of Psychiatry in Medicine 1998; 28:189-213



High = weekly or more for attendance; daily or more for prayer
Low= less than weekly for attendance; less than once/day for prayer

Mortality From Heart Disease and Religious Orthodoxy

(based on 10,059 civil servants and municipal employees)



Kaplan-Meier life table curves (adapted from Goldbourt et a l 1993. Cardiology 82:100-121)

Immune and Endocrine Functions

(systematic review)

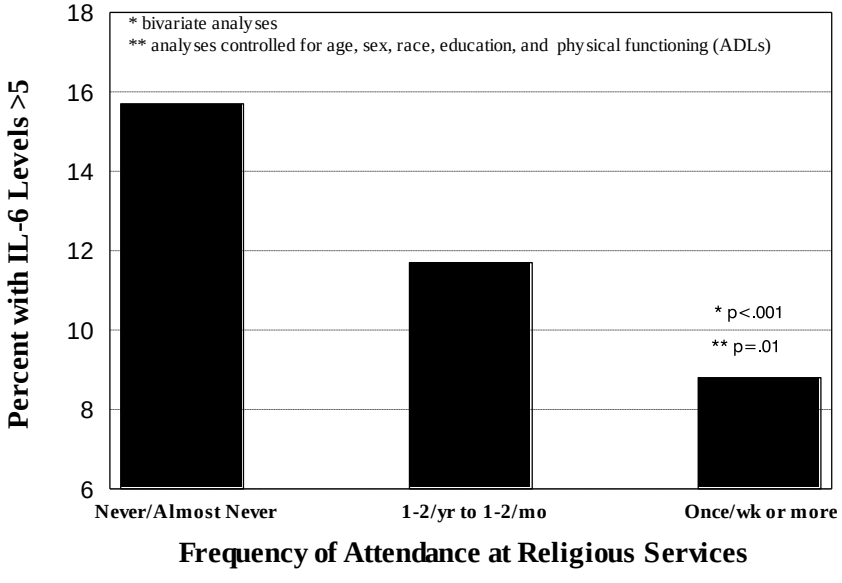
Religious involvement is related to:

Better immune functions
(14 of 25 studies) (56%)

Better endocrine functions
(23 of 31 studies) (74%) (majority involving meditation)

Serum IL-6 and Attendance at Religious Services

(1675 persons age 65 or over living in North Carolina, USA)



Citation International Journal of Psychiatry in Medicine 1997; 27:233-250

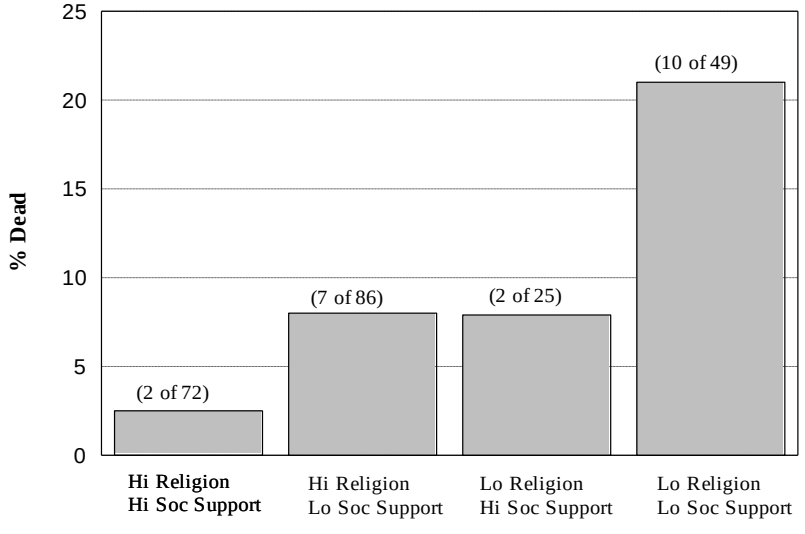
Mortality (all-cause)
(systematic review)

Religious involvement related to:

- Greater longevity in 82 of 120 studies (68%)
- Shorter longevity in 7 of 120 studies (6%)
- Higher quality studies, 47 of 63 greater longevity (75%)

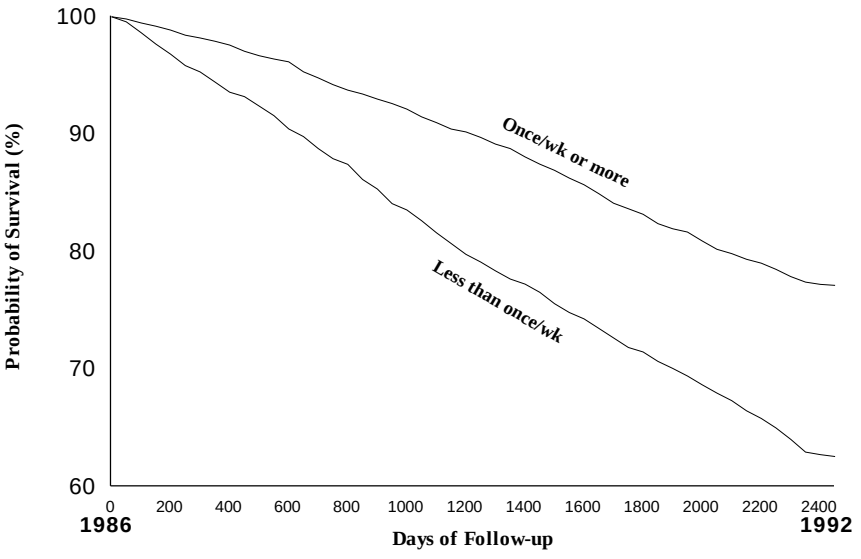
Six-Month Mortality After Open Heart Surgery

(232 patients at Dartmouth Medical Center, Lebanon, New Hampshire)



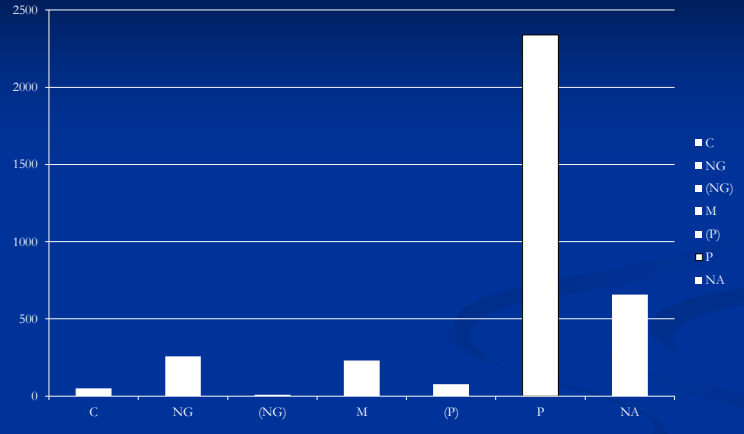
Citation: Psychosomatic Medicine 1995; 57:5-15

Church Attendance and Length of Survival (n=4000 adults)



Citation: Journal of Gerontology, Medical Sciences 1999; 54A: M370-M377

The Relationship between Religion and Health: All Studies



Number of studies includes some studies counted more than once (see Appendices of 1st and 2nd editions). Prepared by Dr. Wolfgang v. Ungern-Sternberg

Patients have Spiritual Needs and Addressing them is Important

Of particular importance is a series of reports by oncologists from the Dana Farber Institute at Harvard who have been following 345 patients with advanced cancer. In their initial report, they found that while 88% of patients said religion was important, 72% indicated their spiritual needs were *minimally or not at all supported* by the medical system (including chaplains). Among the remaining 28% who said their spiritual needs were being met, quality of life was significantly higher.

Journal of Clinical Oncology 2007; 25(5):555-560

Patients have Spiritual Needs and Addressing them is Important

Later, Harvard researchers examined the use of intensive, futile, life-prolonging care requested by advanced cancer patients in the last week of life. Life-prolonging care included such treatments as mechanical ventilation or CPR. They found that such treatments were significantly more common in those indicating high levels of religious coping.

This seemed counter-intuitive in that one would think that those who were more religious would be more accepting of death and less likely to demand aggressive treatment at the end of life.

Journal of the American Medical Association 2009; 301: 1140-1147

Patients have Spiritual Needs and Addressing them is Important

This finding caused the researchers to explore why this might be the case. What they found was fascinating. High religious copers who used more intensive health services were primarily those whose "*spiritual needs were not being addressed by the medical team.*" In contrast, high religious copers whose spiritual needs were being supported were 5 times more likely to receive hospice care and 72% less likely to receive aggressive care.

Journal of Clinical Oncology 2010; 28: 445-452

Patients have Spiritual Needs and Addressing them is Important

Finally, the researchers took a look at the actual costs involved. Among patients who reported their spiritual needs were *inadequately* supported, medical costs during the last 7 days of life were $4,947 compared to $2,833 for those who said spiritual needs were addressed. Cost differences were especially large in minorities, where the difference was $6,533 compared to $2,276 -- nearly three times higher in those whose spiritual needs were not being met.

Cancer 2011; 117(23): 5383-5391

The **Spiritual Care Team**

Goals of the Spiritual Care Team

1. **Identify** spiritual needs related to medical illness
2. **Address** those spiritual needs
3. **Follow-up** to ensure spiritual needs are adequately addressed
4. **Create a comfortable atmosphere** for talking about spiritual needs
5. Address the whole-person **needs of team members**
6. **Provide** whole-person medical care, including **spiritual care**, to all

Spiritual Care

1. Assessing and addressing patients' spiritual needs
2. Providing care with respect for the individual patient
3. Inquiring about how the patient wishes to be cared for
4. Providing care in a kind and gentle manner
5. Providing care in a "competent" manner
6. Taking extra time with patients who really need it

Who makes up the Spiritual Care Team?

1. The physician
2. The spiritual care coordinator (nurse or clinic manager)
3. The Chaplain (or pastoral counselor)
4. The social worker (in hospital settings, usually)
5. The receptionist

Role of Spiritual Care Team Members

1. The physician conducts spiritual assessment, documents results, & ensures spiritual needs are met by someone
2. The spiritual care coordinator coordinates everything
3. The **chaplain** or pastoral counselor addresses spiritual needs; provides feedback; provides spiritual support to team; works with the social worker (if available); and follows up
4. In hospital settings, the social worker works with chaplain to develop a spiritual care plan and assists in implementation and follow-up
5. The receptionist ensures that patient's religious affiliation is recorded in EMR and available to physician

The Physician's role is to conduct the Spiritual Assessment

What are we expecting of Physicians?

(important to know since the SCC will be expected to support the physician in this role)

1. Conduct a brief "spiritual assessment"
2. Identify spiritual needs related to medical care
3. Ensure that someone meets those needs
4. Be willing to discuss this subject with patients in a supportive manner, recognizing the health benefits of doing so

Purpose of the Spiritual Assessment

1. To make physician aware of patient's religious background
2. Determine if patient has religious or spiritual support
3. Identify beliefs that might influence medical decisions and affect compliance with medical care plan
4. Identify unmet spiritual needs related to medical illness
5. Determine if engagement of "spiritual care team" is necessary
6. Create atmosphere where the patient feels comfortable talking with physician about spiritual needs

Spiritual Assessment

What is your religious affiliation, if any?
_____ (recorded by receptionist)

Q's to be asked by Physician

1. Do you have a religious or spiritual support system to help you in times of need?
2. Do you have any religious beliefs that might influence your medical decisions?
3. Do you have any other spiritual concerns that you would like someone to address?

Who Needs a Spiritual Assessment by a Physician?

1. Patients with serious, life-threatening conditions
2. Patients with chronic, disabling medical illness
3. Patients with depression or significant anxiety
4. Patients newly admitted to the hospital or a nursing home
5. Patients seen for a well-patient exam

Who does NOT need a Spiritual Assessment by a Physician

1. Patients seen for an acute problem without long-term complications
2. Patients seen for follow-up of a time-limited problem without significant disability or challenges to coping
3. Children, teenagers or young adults without chronic illness, life-threatening or disabling medical conditions
4. Patients who are not religious or spiritual, and have indicated this area is not relevant to them

The Spiritual Care Coordinator
(often a nurse or clinic manager)

The Spiritual Care Coordinator is the **COACH** of the Spiritual Care Team

Duties of the Spiritual Care Coordinator

1. Review physician's spiritual assessment & prioritizes spiritual needs
2. Manage each step to ensure spiritual needs are addressed
3. If chaplain referral necessary, prepare patient
4. If chaplain referral, prepare chaplain for the referral
5. After referral completed, follow up to obtain feedback from chaplain
6. Help with F/U of patient to ensure spiritual needs have been met
7. Along with chaplain, provides spiritual support to team members

The Social Worker's role in hospital settings, and if available in outpatient settings, is to work with the chaplain to develop a spiritual care plan and assist in implementation and follow-up

Role of Social Worker on Spiritual Care Team

1. Contact members of the patient's faith community for support
2. Identify a local faith community
3. Identify a pastoral counselor and set up appointment
4. Help the chaplain do follow-up

Other activities

5. Identify spiritual needs during routine social work assessment
6. Help arrange referral to chaplain or pastoral counselor
7. Address simple spiritual needs if chaplain unavailable

The Receptionist's role is to ensure that patient's specific religious affiliation, if any (including "none"), is recorded in EMR and available to the physician

Finally… there is the Chaplain

The chaplain does not take the place of the physician conducting a brief spiritual history to identify spiritual needs or the Spiritual Care Coordinator implementing their duties, since the chaplain doesn't see all the patients (only 20% of hospitalized patients in U.S. see a chaplain, and probably fewer than 1% see a chaplain in outpatient settings).

But, the chaplain can help a lot once spiritual needs are identified, and should be fully integrated into the healthcare team.

Role of the Chaplain

(will vary depending on chaplain and health care setting)

1. Only health professional trained to address spiritual needs
2. Performs a comprehensive spiritual assessment
3. Develops a "spiritual care plan"
4. Implements the spiritual care plan
5. Follows up to ensure that spiritual needs are met
6. Helps to address spiritual needs of other team members

Training of Board Certified Chaplain (BCC)

1. 4 years of college
2. 3 years of divinity school
3. 1-4 years of clinical pastoral education (1,625 hrs)
4. Letter of endorsement from denomination
5. Pass written board exam
6. Pass oral exam by certifying body
7. 2,000 hrs or 1 year of experience
8. 50 hrs per year of continuing education

Information Needed by Chaplain

1. Demographics (age, gender, racial background, marital status, relevant family members, location of residence)
2. Religious denomination, prior religious involvement
3. Medical diagnoses, including severity and prognosis
4. Who initiated the referral
5. Reason for the referral

Chaplain Assessment

1. Forms a relationship with the patient
2. Learns the "spiritual language" of the patient
3. Listens to patient talk about struggles (ministry of presence)
4. Asks questions about patients religious/spiritual background
5. Identifies and clarifies spiritual needs
6. Develops spiritual care plan to address spiritual needs

Chaplain Interventions

1. Provide emotional support (ministry of presence)
2. Pray with patient
3. Refer to appropriate Scriptures in patient's tradition
4. Provide spiritual support or advice
5. Provide religious resources (spiritual reading, etc.)
6. Contact patient's clergy

What does chaplain offer to Healthcare Team?

1. Detailed information on spiritual needs identified
2. A "spiritual care plan" detailing interventions performed or planned
3. Follow-up later on effectiveness of spiritual interventions
4. Input to the medical care plan to ensure compatibility with religious beliefs and cultural values, to improve compliance
5. Advice on how to negotiate sensitive ethical issues
6. Communication with patient's clergy and faith community to ensure monitoring and compliance with medical treatments

Health Professionals need to be Whole Persons

In order to provide whole-person care, the Healthcare Professional needs to be a whole person.

Little attention has been paid to the whole-person needs HPs, so we focus on those now. HPs have physical, emotional, social, and spiritual needs that must be met for them to fully function as a whole person in a clinical setting. The healthcare system must make allowances to the support these needs of the HP. Let us now briefly review those needs here.

Boundaries

While there are many barriers that prevent HPs from integrating spirituality into patient care, sometimes they go beyond their expertise and do things that are neither sensible nor ethically justifiable. Therefore, I describe boundaries that we think HPs (including chaplains) should seldom cross. I describe five "don'ts", most of which are pretty obvious:

Thou Shalt DO NOT…

1. Do not prescribe religion to non-religious patients
2. Do not force a spiritual history if patient not religious; instead, address spiritually broadly in terms of what gives the patient meaning and purpose in the setting of illness
3. Do not coerce patients in any way to believe or practice
4. Do not pray with a patient before taking a spiritual history and unless the patient asks
5. Do not spiritually counsel patients (always refer to trained professional chaplains or pastoral counselors) (unless you are a chaplain!)
6. Do not do any activity that is not patient-centered & directed

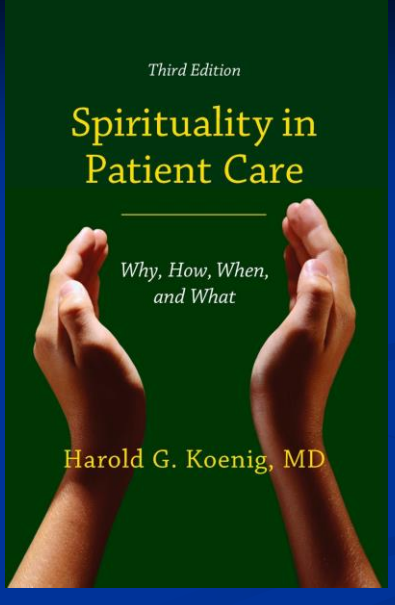
Conclusions

1. There are many reasons to assess and address spiritual needs
2. The physician is responsible for a brief spiritual assessment to identify spiritual needs and create atmosphere where spiritual issues related to medical care can be discussed
3. Rest of the "spiritual care team" supports the physician by ensuring that spiritual needs are effectively addressed
4. The chaplain or pastoral counselor is at the core of the spiritual care team, and is responsible for doing a comprehensive spiritual assessment, developing spiritual care plan, and following up with patient
5. In hospital settings, social worker helps chaplain develop and implement the spiritual care plan, and follows up to ensure spiritual needs are met.
6. The chaplain and spiritual care coordinator are responsible for ensuring that the spiritual needs of other team members are met

Adventist Health System Project

- forming 250-300 spiritual care teams in physician outpatient practices
- training the teams with a series of 5 CME videos (three for physicians, one for spiritual care coordinators, and one for the entire team, chaplains in particular)
- assessing health professional attitudes and behaviors (physicians and clinic staff) before, 1 month after spiritual care team in place, and 12 months afterward
- goal is to show that this approach works for incorporation into AHS and other faith-based health systems, and ultimately non-faith-based systems as well

Further Resources



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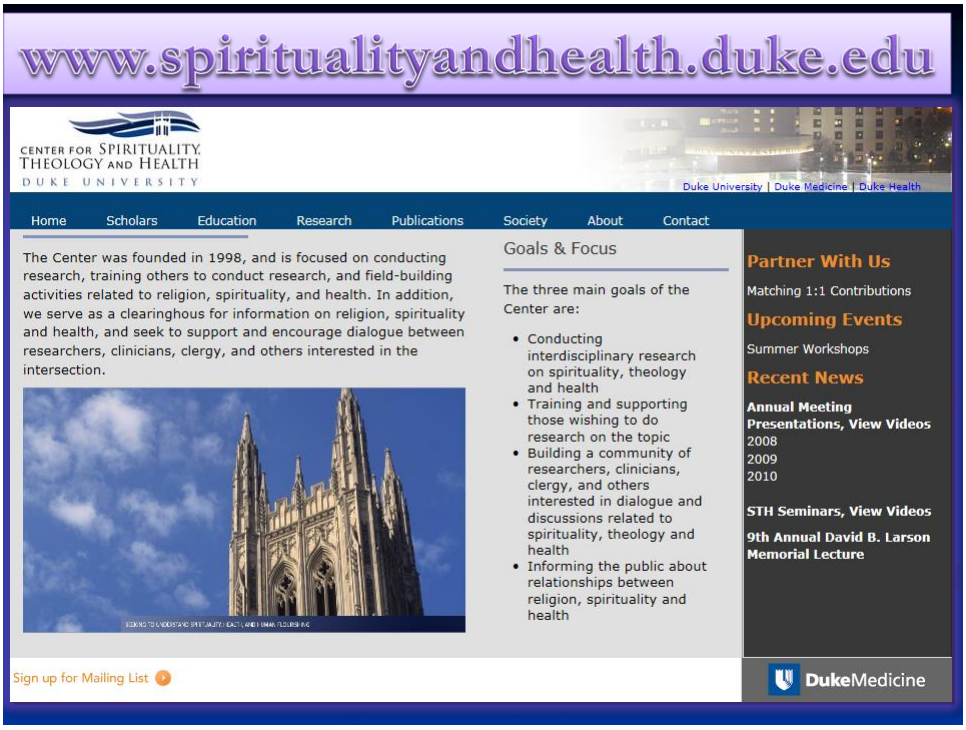

Summer Research Workshop

August 10-14, 2015
Durham, North Carolina

5-day intensive research workshop focus on what we know about the relationship between spirituality and health, applications, how to conduct research and develop an academic career in this area ($1100 tuition). Leading spirituality-health researchers at Duke, the Veterans Administration, and elsewhere will give presentations:

- Strengths and weaknesses of previous research
- Theological considerations and concerns
- Highest priority studies for future research
- Strengths and weaknesses of measures of religion/spirituality
- Designing different types of research projects
- Primer on statistical analysis of religious/spiritual variables
- Carrying out and managing a research project
- Writing a grant to NIH or private foundations
- Where to obtain funding for research in this area
- Writing a research paper for publication; getting it published
- Presenting research to professional and public audiences; working with the media

Partial scholarships are available for the financially destitute

If interested, contact Harold G. Koenig: Harold.Koenig@duke.edu

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Discussion – Q&A (until 10:00)