







Spiritual Assessment In Clinical Care

Faith and Medicine Conference
Grace Fellowship of South Forsyth
Cumming, Georgia
Friday, February 4, 2022

Walt Larimore, MD
Nationally-Recognized Family Physician and Best-Selling Author
Colorado Springs, Colorado
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	CYNIC	SKEPTIC	SPECTATOR	SEEKER	BELIEVER	DISCIPLE
Avoids the truth	Recognizes difference in the messenger	Aware of the Gospel	Recognizes his need	Trusts in Christ	Makes Christlike choices	
Going his/her own way	Looks positively at the Bible	Understands the implications	Sees Christ as the Answer	Assimilates God's Word	Chooses to share his faith	
Aware of the messenger	Recognizes relevance of the Bible	Considers the truth of the Gospel	Turns from self-trust	Joins in community life	Chooses to live by faith	
						
	Cultivating	Sowing	Harvesting	Multipling		
Speaks To	The Heart	The Mind	The Will	The Whole Person	Eph. 4:11 "It was He who gave some to be apostles, some to be prophets, some to be evangelists, and some to be pastors & teachers..."	
Addresses	Emotional Barriers	Intellectual Barriers	Volitional Barriers	Social Barriers		
To Overcome	Indifference & Antagonism	Ignorance & Error	Indecision	Isolation		
By	Presence	Presentation	Persuasion	Participation in the Body		
Focus	Caring Relationships	Communicating the Truth	Conversion	Community	John 4:35, 38 "... I tell you, open your eyes and look at the fields! They are ripe for harvest. ... I sent you to reap what you have not worked for. Others have done the hard work, and you have reaped the benefits of their labor."	
Examples	John 4; John 3	John 4; Acts 8	John 4; Acts 26:1-29	Acts 2:41-47; Acts 11:19-26		
Goal	Trust You, Attraction	Understanding	Trust Christ	Growth		
Answers	What's in it for Me?	Who is Jesus? What does He want from me? What is a Christian?	Will I trust Him?	Will I obey and serve Him?		

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Practices for Everyday Missionaries in Healthcare

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Basic Spiritual Assessment

Spiritual Assessment in Clinical Care
Part 1 - The Basics.

Today's Christian Doctor
2015;46(1):22-26.

tinyurl.com/2p9x36sb

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Evidence-Based Reasons for a Spiritual Assessment

1. Patient desire,
2. Patient benefit,
3. Enhanced health professional-patient relationship, and
4. A standard in quality patient care.

- Larimore W, et al. Should clinicians incorporate positive spirituality into their practices? *Ann Beh Med.* 2002;24(1):69-73.
- Larimore W. Spiritual Assessment in Clinical Care [Part 1] – The Basics. *Today's Christian Doctor.* 2015 (Spring):46(1):22-26.

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Patient Desire

"In general, the public appears to view and value spirituality as a central factor of life, especially when they are facing illness and

...

"desires healthcare professionals to inquire about beliefs that are important to them."

Hatch RL, , Burg MA, Naberhaus DS, et al. The Spiritual Involvement and Beliefs Scale. Development and testing of a new instrument. *J Fam Pract* 1998;46(6):476-86.

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Patient Desire

“The ability to identify and address patient spiritual needs has become an important clinical competency.

“Studies have shown that (up to) 90% of patients want physicians to address their spiritual needs.

“Many patients want their spiritual needs addressed by their physician directly or by referral to a pastoral professional.”

Katz PS. Patients and prayer amid medical practice. ACP Internist 2012(Oct). 7

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Patient Benefit

“Assessing and addressing patients’ R/S (religious or spiritual) needs is associated with greater satisfaction with care, better quality of life measures, less depression, fewer unnecessary health services, (and) better functioning.”

Handbook of Religion and Health. Oxford Univ. 2012. 8

8

Enhances the Patient Relationship

“Assessing ... patient spirituality into the healthcare encounter can build trust and rapport, broadening the physician-patient relationship, and increasing its effectiveness.”

Saguil A, Phelps K. The Spiritual Assessment. Am Fam Physician 2012(Sep 15);86(6):546-550. 9

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Quality Patient Care

- The Joint Commission requires a spiritual assessment.
 - “Spiritual assessment should, at a minimum, determine the patient’s denomination, beliefs, and what spiritual practices are important to the patient.”
- But why would they require this?

From the Joint Commission Website: Spiritual Assessment. drdlevy.com/joint-commission-website-spiritual-assessment/ 10

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Quality Patient Care

- The Joint Commission requires a spiritual assessment.
 - “This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed.”

From the Joint Commission Website: Spiritual Assessment. drdlevy.com/joint-commission-website-spiritual-assessment/ 11

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The Purpose of Spiritual History

The purpose of a spiritual history, as a part of the social history, is to learn:

1. The patient’s religious background,
2. The role that religious or spiritual beliefs or practices play in coping with illness or causing distress,
3. Beliefs that may influence or conflict with decisions about medical care,

Koenig H. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry 2012; Vol 2012: Article ID 278730. 12

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The Purpose of Spiritual History

The purpose of a spiritual history, as a part of their social history, is to learn:

4. The patient’s level of participation in a spiritual community and whether the community is supportive,
5. Any spiritual needs that might be present.

Koenig H. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry 2012; Vol 2012: Article ID 278730. 13

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Quality Patient Care

- “What would I recommend in terms of addressing spiritual issues in clinical care?”
- “First and foremost, health professionals should take a brief spiritual history.”

Koenig H. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry 2012; Vol 2012: Article ID 278730. 14

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Quality Patient Care

- “This should be done for all new patients on their first evaluation, especially if they have serious or chronic illnesses, and when a patient is admitted to a hospital, nursing home, home health agency, or other healthcare setting.”

Koenig H. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry 2012; Vol 2012: Article ID 278730. 15

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Quality Patient Care

- “It is the healthcare professional, not the chaplain, who is responsible for doing this two-minute ‘screening’ evaluation.
- “Simply recording the patient’s religious denomination and whether they want to see a chaplain, the procedure in most hospitals today, is NOT taking a spiritual history.”

Koenig H. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry 2012; Vol 2012: Article ID 278730. 16

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IN GENERAL: Open and Invite

- Open (i.e., open the door to conversation)
 - May I ask your faith background?
 - Do you have a spiritual or faith preference?
- Invite (i.e., invite the patient to discuss spiritual needs)
 - Use a mnemonic for spiritual assessment
 - FICA, HOPE, FAITH, SPIRIT, CSI-MEMO

Saguil A, Phelps K. The Spiritual Assessment. Am Fam Physician 2012(Sep 15);86(6):546-550. 17

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Basic Spiritual Assessment

“GOD” Questions

- G = God
- O = Others
- D = Do

Larimore W. Spiritual Assessment in Clinical Care [Part 1] – The Basics. Today’s Christian Doctor. 2015 (Spring):46(1):22-26. 18

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GOD Questions

G = God:

- ✧ May I ask your faith background?
- ✧ Do you have a spiritual or faith preference? Now or in the past? Personal or formal?

Larimore W. Spiritual Assessment in Clinical Care [Part 1] – The Basics. *Today's Christian Doctor*. 2015 (Spring):46(1):22-26. 19

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GOD Questions

O = Others:

- ✧ Do you meet with others in religious or spiritual community?
- ✧ If so, how often?
- ✧ If not, did you in the past?
- ✧ How important is/was this to you?

Larimore W. Spiritual Assessment in Clinical Care [Part 1] – The Basics. *Today's Christian Doctor*. 2015 (Spring):46(1):22-26. 20

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GOD Questions

D = Do:

- ✧ What can I do to help you incorporate your faith into your medical care?
- ✧ Would you like to see a chaplain or pastoral professional?
- ✧ Do you need any religious materials or resources?
- ✧ May I pray with or for you? May I have others pray for you.

Larimore W. Spiritual Assessment in Clinical Care [Part 1] – The Basics. *Today's Christian Doctor*. 2015 (Spring):46(1):22-26. 21

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GOD Questions

D = Do:

- ✧ Is there a way in which you would like for us to account for spirituality in your care?
- ✧ Is there a way we can provide spiritual support?
- ✧ Are there resources in your faith community that you would like for me to help mobilize?

Saguil A, Phelps K. The Spiritual Assessment. *Am Fam Physician*. 2012(Sep 15);86(6):546-550. 22

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GOD Questions

G = God
O = Others
D = Do

BUT ... the GOD questions completely ignore any religious struggle the patient may be having.

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD's LAP. *Today's Christian Doctor*. 2015 (Fall):46(3):26-29. 23

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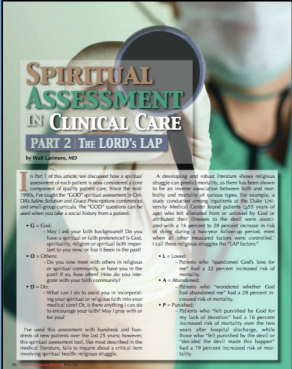
The Newest Evidence-Based Reason for a Spiritual Assessment

1. Patient desire,
2. Patient benefit,
3. Enhances doctor-patient relationship,
4. A standard in quality patient care,
5. Identifies any religious struggle.

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD's LAP. *Today's Christian Doctor*. 2015 (Fall):46(3):26-29. 24

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Advanced Spiritual Assessment



Spiritual Assessment in Clinical Care
Part 2 - The LORD's LAP

Today's Christian Doctor
2015;46(3):26-29

tinyurl.com/y89zn5uf

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Negative Effects of Religious Struggle

- Patients who felt alienated from or nLoved by God; Abandoned by God or Punished by God or the devil had a 16% to 28% increase in risk of dying (mortality risk) during the 2-year follow-up period.

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-26

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Negative Effects of Religious Struggle

- The four strongest predictors of increased risk for morbidity and mortality I call "The LAP Factors":

1. L = LOVED (or unLOVED)
2. A = ABANDONED
3. P = PUNISHED BY GOD OR
4. P = PUNISHED BY THE DEVIL

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-27

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Negative Effects of Religious Struggle

- The four strongest predictors of increased risk for mortality (the LAP factors):

1. L = unLOVED,
 ✧ "Question God's love for me"
 - 22% increased risk: RR, 1.22;
 95% CI, 1.02-1.43; P < 0.05

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-28

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Negative Effects of Religious Struggle

- The four strongest predictors of increased risk for mortality (the LAP factors):

2. A = ABANDONED by God,
 ✧ "Wondered whether God abandoned me"
 ✧ "Wondered why God did not heal me when I prayed for healing"
 - 28% increased risk: RR, 1.28;
 95% CI, 1.07-1.50; P = 0.02

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-29

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Negative Effects of Religious Struggle

- The four strongest predictors of increased risk for mortality (the LAP factors):

3. P = PUNISHED by GOD
 ✧ "For my lack of devotion"
 ✧ "For past sins or wrongdoing"
 - 16% increased risk: RR, 1.16;
 95% CI, 1.00-1.32; P < 0.06

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-30

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Negative Effects of Religious Struggle

- The four strongest predictors of increased risk for mortality (the LAP factors):
 4. P = **PUNISHED by the devil**
 - ✧ “The devil made this happen”
 - 19% increased risk: RR, 1.19; 95% CI, 1.05-1.33; P = 0.02

Pargament KI, et al. Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients. *Arch Int Med.* 2001;161:1881-91

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Negative Effects of Religious Struggle

- A study of adults with a variety of conditions (i.e., traumatic brain injury, spinal cord injury, stroke, cancer, primary care disorders) showed that those with any degree of **negative spiritual belief** (i.e., feeling **A**bandonment or **P**unishment from a higher power) had significantly worse bodily pain, physical health, and mental health ... and a lower level of forgiveness.

Jones, A, et al. *Journal of Spirituality in Mental Health.* 2015(April);17(2):135.

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Negative Effects of Religious Struggle

- “It was concluded that any degree of negative spiritual belief, regardless of positive spiritual beliefs, is associated with worse health outcomes.”

Jones, A, et al. *Journal of Spirituality in Mental Health.* 2015(April);17(2):135.

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Negative Effects of Religious Struggle

- A meta-analysis, which included data on more than 44,000 patients, showed patients with high levels of religious or spiritual “distress” were associated “with poorer perceptions of health” and “poorer outcomes.”

Park CL, et al. Religion/spirituality and health in the context of cancer: Integration, unresolved issues, and future directions. *Cancer.* 2012(Nov 1); 121(21): 3789–3794.

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Negative Effects of Religious Struggle

- “A growing body of research documents the harmful effects (morbidity and mortality) of religious or spiritual struggle among patients with a wide variety of diagnoses.
- “Clinicians should be attentive to signs of religious struggle.”

Fitchett G, Risk JL. Screening for Spiritual Struggle. *J Pastoral Care Counsel.* 2009(Mar-Jun);63(1-2): 1-12.

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Negative Effects of Religious Struggle

- Medical care providers need to be attuned to the dark side of religion in patients ... that might include “struggling on an existential level” or feeling a “disconnectedness with God.”
- Doctors are better able to provide patients with supportive care resources when they assess them early for spiritual distress.

Park CL, et al. Religion/spirituality and health in the context of cancer: Integration, unresolved issues, and future directions. *Cancer.* 2012(Nov 1); 121(21): 3789–3794.

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Negative Effects of Religious Struggle

“Such patients may, without their doctor’s encouragement, refuse to speak with clergy because they are angry with God and have cut themselves off from this source of support.”

Koenig, HG. An 83-year-old woman with chronic illness and strong religious beliefs. *JAMA*. 2002(Jul 24);288(4):487-493. 37

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Negative Effects of Religious Struggle

- Where patient’s responses indicate possible religious struggle, clinicians should refer to a trained, professional chaplain, or pastoral counselor.
- ICD-10-CM: “Z65.8, other specified problems related to psychosocial circumstances, including a spiritual problem.”

Fitchett G, et al. Religious Struggle: Prevalence, Correlates and Mental Health Risks in Diabetic, Congestive Heart Failure, and Oncology Patients. *Int J Psychiatry Med*. 2004(Jun);34(2):179-196. 38

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The LORD’s LAP Questions

L = Lord
O = Others
R = Religious Struggle
D = Do

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 39

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The LORD’s LAP Questions

L = Lord: Same as the “GOD Questions.”

- ✧ May I ask your faith background?
- ✧ Do you have a spiritual or faith preference? Now or in the past? Personal or formal?

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 40

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The LORD’s LAP Questions

O = Others: Same as the “GOD Questions.”

- ✧ Do you meet with others in religious or spiritual community?
- ✧ If so, how often?
- ✧ If not, did you in the past?
- ✧ How important is/was this to you?

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 41

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The LORD’s LAP Questions

R = Religious Struggle

- After completing the “L” and “O” questions, you will have a pretty good idea whether religion or spirituality are or have been important to the patient.
- Now, I’m not referring to whether they are a Christian or not, just whether they are or have been religious/spiritual.

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 42

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The LORD's LAP Questions

R = Religious Struggle OR Relationship

- If you sense your patient IS/WAS religious, explore any RELIGIOUS STUGGLES with the acrostic,
- “Are you in the Lord’s LAP?”
- Use the “LAP Questions.”

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 43

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The LORD's LAP Questions

R = Religious Struggle for religious (LAP):

- LOVE: Do you question God’s love for you?
- ABANDON: Do you think God’s abandoned you? Have you asked God to heal you and he hasn’t?
- PUNISH: Do you believe God or the devil is punishing you for something?

If ANY are POSITIVE, then consult, refer, or counsel.

If ALL are NEGATIVE, move on with your Hx. 44

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The LORD's LAP Questions

R = Relationship

- If you sense you patient has NO religious struggle, you can use this moment in your social history to build your RELATIONSHIP with the patient.
- You can let you patient know: “I’m in the Lord’s LAP,” by sharing a brief faith flag or faith story.

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 45

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The LORD's LAP Questions

R = RELATIONSHIP for the non-religious:

- Faith Flag:
- “Even though religion/spirituality are not important to you now, I often see patients who, when facing a health crisis or decision, will be begin to have spiritual thoughts or questions. If you want to discuss these things, let me know.”

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 46

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The LORD's LAP Questions

R = RELATIONSHIP for the non-religious:

- Faith Story:
- “Even though religion/spirituality are not important to you, I’d like you to know that my personal relationship with God is the most important thing in my life. So, I’ll be asking for his wisdom and guidance as I care for you. Is that OK?”

Larimore W. Spiritual Assessment in Clinical Care [Part 2] – The LORD’s LAP. *Today’s Christian Doctor*. 2015 (Fall):46(3):26-29. 47

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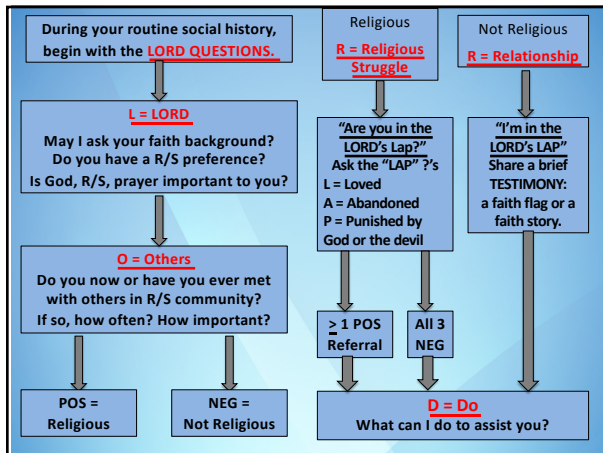
The LORD's LAP Questions

D = Do: Same as “GOD” questions:

- What can I do to help you incorporate your faith into your medical care?
- Would you like to see a chaplain or pastoral professional?
- Do you need any religious materials or resources?
- May I pray with or for you? May I have others pray for you.

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A Word of Caution

- Don't ignore ...
- BUT
- Don't be pushy.

Post. Mind Body Med 1997;2:44-8.

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A Word of Caution

- "Professional problems can occur when well-meaning physicians 'faith-push' a patient opposed to discussing religion ...
- "However, rather than ignoring faith completely with all patients, most of whom want to discuss it, physicians might ask a question to discern who would like to pursue it and who would rather not."

Post. Mind Body Med 1997;2:44-8.

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Summary

The current evidence would encourage physicians, healthcare professionals, and systems to learn to assess their patients' spiritual health and to provide indicated and desired spiritual intervention.

Larimore W, et al. Should clinicians incorporate positive spirituality into their practices? *Ann Beh Med.* 2002;24(1):69-73.

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Summary

Assessing and integrating patient spirituality into the healthcare encounter can build trust and rapport, broadening the physician-patient relationship and increasing its effectiveness.

Saguil A, Phelps K. The Spiritual Assessment. *Am Fam Physician.* 2012(Sep 15);86(6):546-550.

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Healthcare Missionary Training

<https://cmda.org/GraceRX>

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Faith Prescriptions

- A 14-part small-group video series provides training on how to become an everyday healthcare missionary.
- The DVD-small-group series is available for \$155 for CMDA members.
- Instructor and participant manuals are available.

<https://cmda.org/GraceRX> 55

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Healthcare Missionary Training



<https://faithrx.cmda.org> 56

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Faith Prescriptions

- A 25-part video-on-demand series (with 10 core sessions) also provides training on how to become an everyday healthcare missionary but is highly customizable to your setting.
- The series is free to CMDA members.

<https://faithrx.cmda.org> 57

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