

Spiritual AIM: Articulation, Evolution, and Evidence

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Project Team

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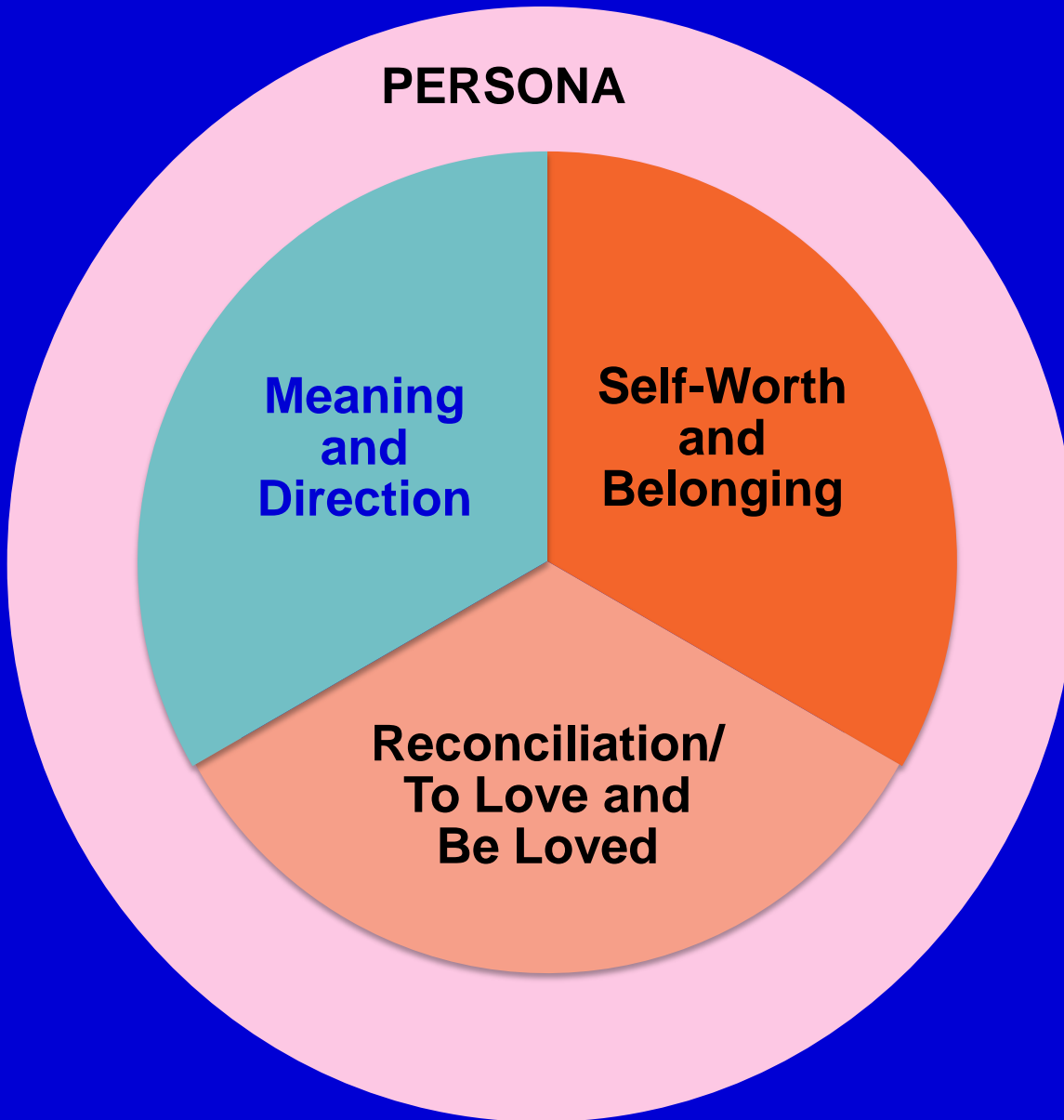
Objectives

1. Acquire a basic understanding of the Spiritual Assessment and Intervention Model (Spiritual AIM).
2. Understand the evolution of Spiritual AIM over the course of a mixed-methods, interdisciplinary study.
3. Develop an awareness of the qualitative and quantitative analyses and findings from a mixed-methods study of Spiritual AIM conducted in the outpatient palliative care setting.

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Core Spiritual Needs



- Spirituality encompasses the needs to **seek meaning and direction, to find self-worth and to belong to community, and to love and be loved**, often facilitated through seeking reconciliation when relationships are broken.
- When a person faces a crisis, 1 of 3 spiritual needs surfaces most urgently – referred to as the person's "core spiritual need"

Spiritual AIM and the work of the chaplain: A model for assessing spiritual needs and outcomes in relationship

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ABSTRACT

Objective: Distinguishing the unique contributions and roles of chaplains as members of

Spiritual AIM: Background

- Developed during 21 yrs of Spiritual Care/Clinical Pastoral Education (CPE) by Rev. Dr. Michele Shields, focused on what occurs between the patient and chaplain
- Begun in chaplaincy mentorship in a CPE supervisory training group with Rev. Dennis Kenny, D.Min. for first 2 yrs
- Developed with theological reflection and psychological theory, plus critique from professional peers and students
- Refinement with the Spiritual AIM Research Team during this study for last 3 years

Spiritual AIM: Theology/Philosophy

- The Golden Rule or Ethic of Reciprocity:
 - “Treat others as you wish to be treated.” “Love your neighbor as yourself.” (Lev. 18:18, Matt.22:37-40)
 - “What you do not wish for yourself, do not impose on others.” (Confucianism)
- Spiritual maturity requires autonomy enough to love oneself and connection enough to achieve fairness in balancing love for oneself, others and God (if one’s belief includes God).

Spiritual AIM: Psychology

➤ Object Relations:

- Personality takes shape through people's experiences of relationships and social context, specifically how a child appropriates, internalizes and organizes early experiences in the family.

➤ Spiritual AIM:

- Spiritual dynamics and spiritual needs are shaped in a similar manner and may be changed or met in relationships, even in adulthood.

Spiritual AIM: How does it work?

- Assessment of spiritual need based upon:
 - comments
 - behavior
 - attribution of blame
 - questions
 - concerns
 - chaplain's own internal response to person
- Assessment of where person is along path to healing

Spiritual AIM: How does it work

- Embodiment: stance of
 - Guide
 - Valuer
 - Truth-teller
- Interventions in the process of healing
- Healing happens in relationship
- Desired outcomes to meet the spiritual need



Spiritual AIM: Distinctiveness

- Assessments, corresponding interventions, desired outcomes
- Psychological and theological/philosophical theory underpinnings
- Broad definition of “spirituality”
- Communicates well to the interdisciplinary team
- Inclusive of a variety of faith—or no faith—traditions
- Useful in fast-paced, clinical setting (it is not an interview approach)

Example – Self-worth & Belonging

White Christian Woman in her 60's; Ovarian Cancer

Assessment: “I’ve found that helpful partly because I’m not as bad off as a lot of people in the [support] group. In a way that’s a terrible way to feel but I think oh, my goodness, I don’t have any problems compared to this person.” *(Patient expresses concern for others and fears burdening them.)*

Example – Self-worth & Belonging

Interventions:

“I’m wondering...whether or not there is more that you’d like me to know about this cancer, about the supports in your life.”

(Community of two; listening to story of illness)

“So it sounds like you’re saying in some ways he can be a little passive about stuff like that...And a little disorganized. And it does have an impact on, for example, in that instance, your holiday...I have to say you are very generous with him. But it does sound like this has been a regular kind of tension for you guys.” *(Lift up anger; specific affirmation; championing)*

Example – Self-worth & Belonging

Outcome: Well, one of the things that came up...the living will or something that says I do not want extraordinary measures taken... I have not brought this up very often and I think my husband is a little reluctant to talk about it...like do we really want to sit around and talk about death today. But I felt that at some point we need to talk about this, because they say that no matter what you've written down, you should tell the people closest to you what you really want. And I think that's something we need to face...And also to tell our children, our adult children...*(Balancing needs of self w/others; Discusses hopes & aspirations)*

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Spiritual AIM: Evolution

- Orally communicated for twenty years
- Original formulation:
 - Straightforward, teachable by those who had been using the model for a long time, but needed to be written down and elaborated.

Spiritual AIM – Early Stages

I. Assessment:	Meaning & Direction	Self-Worth & Belonging to Community	Reconciliation/To Love and be Loved
II. Embodiment (based on Assessment):	Guide	Valuer and Community	Prophet/Truth-teller
III. Intervention:	Acknowledgement of confusion/problem, discerning choices, seeking heart's desire, making a decision/commitment, training, ritual	Acknowledgement of aloneness, surfacing old beliefs about self, invitation to community, adoption of new beliefs about self, joining community/ritual	Acknowledgement of brokenness, call to confession, confession with contrition, commitment to changed behavior, forgiveness/reconciliation, ritual

Spiritual AIM: Evolution during Research Project

- Elaborated on the interventions.
- Added a section, called “Primary Spiritual Task.”
- Provided description of “Desired Outcomes” for each Core Spiritual Need.
- Added a concept we called “Persona,” based on the observation that some people came across initially quite differently than their true core spiritual need would indicate. The layer of persona could be recognized with practice and a bit of skepticism.

Spiritual AIM – Current Articulation

Table 1. Spiritual Assessment and Intervention Model (Spiritual AIM)®

<u>PRIMARY IDENTIFIED SPIRITUAL NEED</u>		
MEANING & DIRECTION	SELF-WORTH & BELONGING TO COMMUNITY	RECONCILIATION/TO LOVE AND BE LOVED
<u>PRIMARY SPIRITUAL TASK</u>		
Learn to be in relation to self and therefore others, (and God)	Learn to love self	Learn to love others (God)
<u>ASSESSMENT – OBSERVING THE PATIENT</u>		
<ul style="list-style-type: none"> • Patient does not place blame. • Patient tends to intellectualize circumstances. • Patient sees and articulates both sides of most situations. • Patient is concerned about the meaning of own life/identity and making sense of his/her illness. • Patient has difficulty focusing and making decisions. • Patient employs several metaphors, images or analogies in conversation. • Patient asks questions and demonstrates curiosity (e.g. about illness, the nature of God or religion). • Patients seems to be simultaneously delighted and feel encumbered by exploring infinite possibilities. 	<ul style="list-style-type: none"> • Patient blames self, not others. • Patient does not complain. • Patient accepts current reality without questioning or evaluation. • Patient expresses concern for others and fears burdening them. • Patient tends to take on too much responsibility in making decisions. • Patient presents as congenial and social. • Patient prioritizes caring for others and may minimize their own needs, healing and/or self-care. • Patient shows deep appreciation for social support and opportunities to tell their story. 	<ul style="list-style-type: none"> • Patient blames and mistrusts others. • Patient complains (e.g., about food, staff). • Patient demonstrates dichotomous (i.e. either/or) thinking. • Patient expresses unrealistic expectations that others should know patient's needs. • Patient does not take responsibility for own healing or choices. • Patient presents with combative energy and angry affect. • Patient's comments focus on their assumptions about other's flawed actions and inner lives, rather than their own. • Patient discusses strained, broken or estranged relationships, need to forgive or be forgiven, inability to grieve losses, or unwillingness/ inability to say goodbyes.
<u>ASSESSMENT - CHAPLAIN'S SELF-AWARENESS</u>		
Chaplain may feel in a fog or have difficulty following what patient is saying.	Chaplain may feel that patient attempts to serve as a caregiver for the chaplain. Chaplain may feel that patient puts chaplain up on pedestal.	Chaplain may feel him/herself being drawn into a triangle. Chaplain feels at risk of alienating patient easily.
<u>PLAN FOR EMBODIMENT OF THE CHAPLAIN - "TO BE"</u>		
Guide	Valuer and Community	Prophet and Truth-teller
<u>INTERVENTION – "TO DO"</u>		
<ul style="list-style-type: none"> • Name & reflect back emotions (especially anger) as a source of clarity. 	<ul style="list-style-type: none"> • Lift up anger as source of worth; accompany him/her as they feel it. 	<ul style="list-style-type: none"> • Demonstrate ability to tolerate patient's anger.

INTERVENTION – "TO DO"

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Name & reflect back emotions (especially anger) as a source of clarity.• Surface what decisions need to be made or questions need to be answered.• Ask patient how he/she has coped with similar crises and circumstances or made decisions in the past.• Help patient to name resources to help make decisions, answer questions or achieve clarity about their heart's desire.• Demonstrate support and guidance, as if walking along side patient on a path.• Provide reassurance that no matter patient's choice, his/her legacy is secure.• Celebrate when patient makes a new decision (e.g. regarding treatment, to enroll in hospice, to take an important trip)• Honor when patient arrives at a new meaning (e.g. deciding upon a legacy project like a video, letter for child).• Commission the patient for this decision/work/meaning with a blessing or ritual (religious or non-religious/poetic). | <ul style="list-style-type: none">• Lift up anger as source of worth; accompany him/her as they feel it.• Surface old, unhealthy, unkind beliefs about self.• Create a "community of two" by keeping patient company and listening to his/her story of illness/suffering.• Make specific, genuine statements of affirmation about attributes, role and behavior of patient.• Listen attentively while valuing patient's story.• Act as a champion for patient; indicate what is loveable about them.• Make referrals to spiritual communities, classes and illness-specific support groups.• Regularly remind patient about loved ones and reference other caregivers on team to build support.• Use faith tradition to challenge old beliefs; <u>create</u> and offer new cleansing belief and ritual. | <ul style="list-style-type: none">• Demonstrate ability to tolerate patient's anger.• Surface and explore sadness, fear, grief, <u>loss</u> of sense of control beneath the anger.• Acknowledge brokenness, tension or estrangement in the relationships patient discusses.• Remind patient of own internal resources/abilities to advocate appropriately for self.• Hold patient accountable for creating safety for self, and choosing to trust others.• Remind patient to say what they need rather than expect others to intuit it.• Ask patient about their part in estrangement and conflict. Call them to confess fully.• State impact of patient's behavior on you/others. Observe whether contrite/sorry.• Patient takes responsibility to apologize and for behavioral changes/acting differently.• After patient has behaved differently, discuss self-forgiveness and forgiveness in their faith tradition; offer ritual. |
|---|---|--|

DESIRED OR PROPOSED OUTCOME/HEALING/ WHOLENESS

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Patient learns and trusts that whatever decision they make will be congruent with own values.• Patient is able to identify own primary/prominent heart's desire.• Patient will be able to discern some meaning and purpose of patient's life.• Patient will experience less angst and more support about making a particular decision. | <ul style="list-style-type: none">• Patient is able to sense self-worth and regains a sense of belonging to community.• Patient will discuss his/her grief, regrets, hopes and aspirations for him/herself.• Patient will prioritize these, and hold them in equal balance with showing active good will for others. | <ul style="list-style-type: none">• Patient realizes that their behavior has an impact on other people.• Patient confesses part in conflict and broken relationships.• Patient expresses true remorse through feelings.• Patient commits to new behavior and forgives self.• Patient may seeks and may experience forgiveness from others & God. |
|---|--|--|

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Study Aims

Aim 1. To describe the content and processes of spiritual assessments conducted by chaplains to identify core spiritual needs among patients with advanced cancer.

Aim 2. To describe the content and processes of spiritual care interventions developed based on these assessments.

Aim 3. In order to calculate effect sizes for future intervention research, to measure changes in spiritual, psychological, and physical symptoms and to assess the value added to outpatient palliative care interdisciplinary teams (IDTs) by certified chaplains.

Aim 4. To evaluate the feasibility and tolerability of recruitment, assessment, and intervention research focused on evaluating Spiritual AIM in the outpatient palliative care setting.

Project Description

- Adults with advanced cancer (target n=30, recruited 31)
- Symptom Management Service (outpatient palliative care service of UCSF HDFCCC)
- Each participant had three individual sessions with a chaplain; audiotaped and professionally transcribed
- Pre- and post-intervention booklet of self-report rating scales
- Exit interview with research coordinator
- Weekly team meetings (audiotaped, transcribed → auto-ethnography)

Study Measures (1)

- Symptoms (ESAS) - e.g., fatigue, pain
- Spiritual well-being (“I feel at peace”)
- Overall quality of life (1 item)
- Spirituality (FACIT-Sp-12; 3 subscales: Faith, Meaning, Peace)
 - “I find comfort in my faith or spiritual beliefs”
 - “I feel a sense of purpose in my life”
- Religious coping (Brief R-COPE; Positive & Negative)
 - “Sought help from God in letting go of my anger”
 - “Wondered what I did for God to punish me”

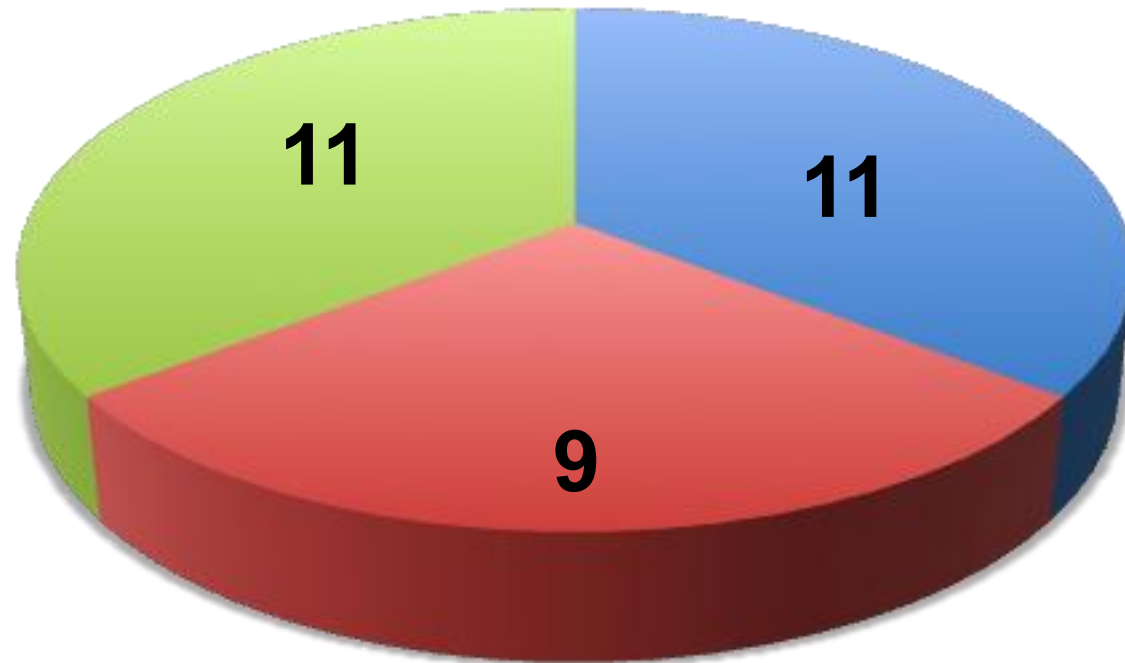
Study Measures (2)

- Dignity (Patient Dignity Inventory)
 - “Feeling like I am no longer who I was.”
- Cancer-related adjustment (Mini-MAC)
 - 5 subscales: Fatalism, Fighting Spirit, Helplessness/Hopelessness, Anxious Preoccupation, Avoidance
 - Alternatively: 2 subscales Adaptive, Maladaptive Coping
- State anxiety (STAI-S, “now”)
 - “I feel at ease”; “I feel nervous”
- Depressive symptoms (CES-D, “past 7 days”)
 - “I felt sad”; “I could not get ‘going’”

Demographic and Clinical Characteristics		
	<u>Mean (SD)</u>	<u>N (%)</u>
Age (years)	59.4 (9.9) [Range 34-80]	
Female		20 (64%)
Male		11 (36%)
Christian		18 (58%)
Jewish		4 (13%)
Buddhist		3 (10%)
None		6 (19%)
White		27 (87%)
Asian		3 (10%)
Hispanic		1 (3%)
Breast cancer		6 (19%)
Gynecologic		7 (23%)
GI		5 (16%)
Prostate		5 (16%)
Head/Neck		3 (10%)
Other		5 (16%)

Core Spiritual Needs

Number of participants



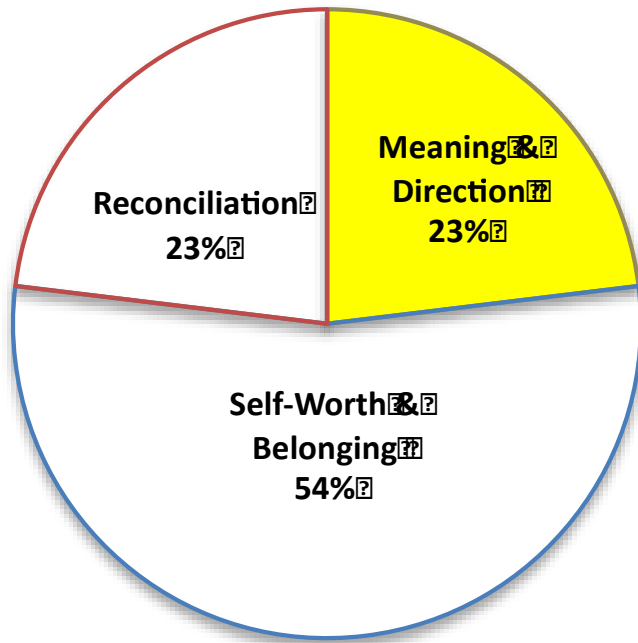
Meaning & Direction

Self-Worth & Belonging

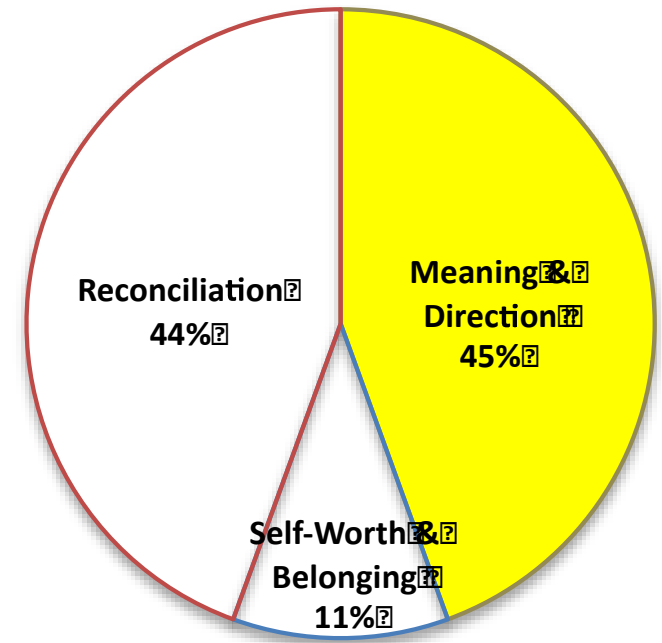
Reconciliation

Core Spiritual Needs by Age Group

Younger Patients (<60 yo)



Older Patients (>60 yo)



$p < 0.05$

Differences across Core Spiritual Needs

- ANOVAs, Chi-square used to evaluate for differences in demographic, clinical, and symptom variables across the three groups
- Self-Worth/Belonging significantly younger than Meaning and Direction ($p=0.030$)
- Gender distribution: Overall significant, but due to small sample size, post-hoc contrasts did not reach significance.

Changes in Measures from Baseline to Post-Spiritual AIM

	<u>Baseline</u> <u>Mean</u>	<u>Post-Spiritual AIM</u> <u>Mean</u>	<u>p-value</u>
ESAS - Total	25.0	24.4	0.646
CES-D-10	4.2	4.1	0.502
STAI-S	43.6	41.9	0.294
FACIT-Sp-Ex-12			
Meaning	11.8	10.6	0.136
Peace	9.0	9.2	0.405
Faith	7.6	8.8	<u>0.018*</u>
Brief RCope			
Positive	14.0	15.0	<u>0.082</u>
Negative	9.2	9.3	0.803

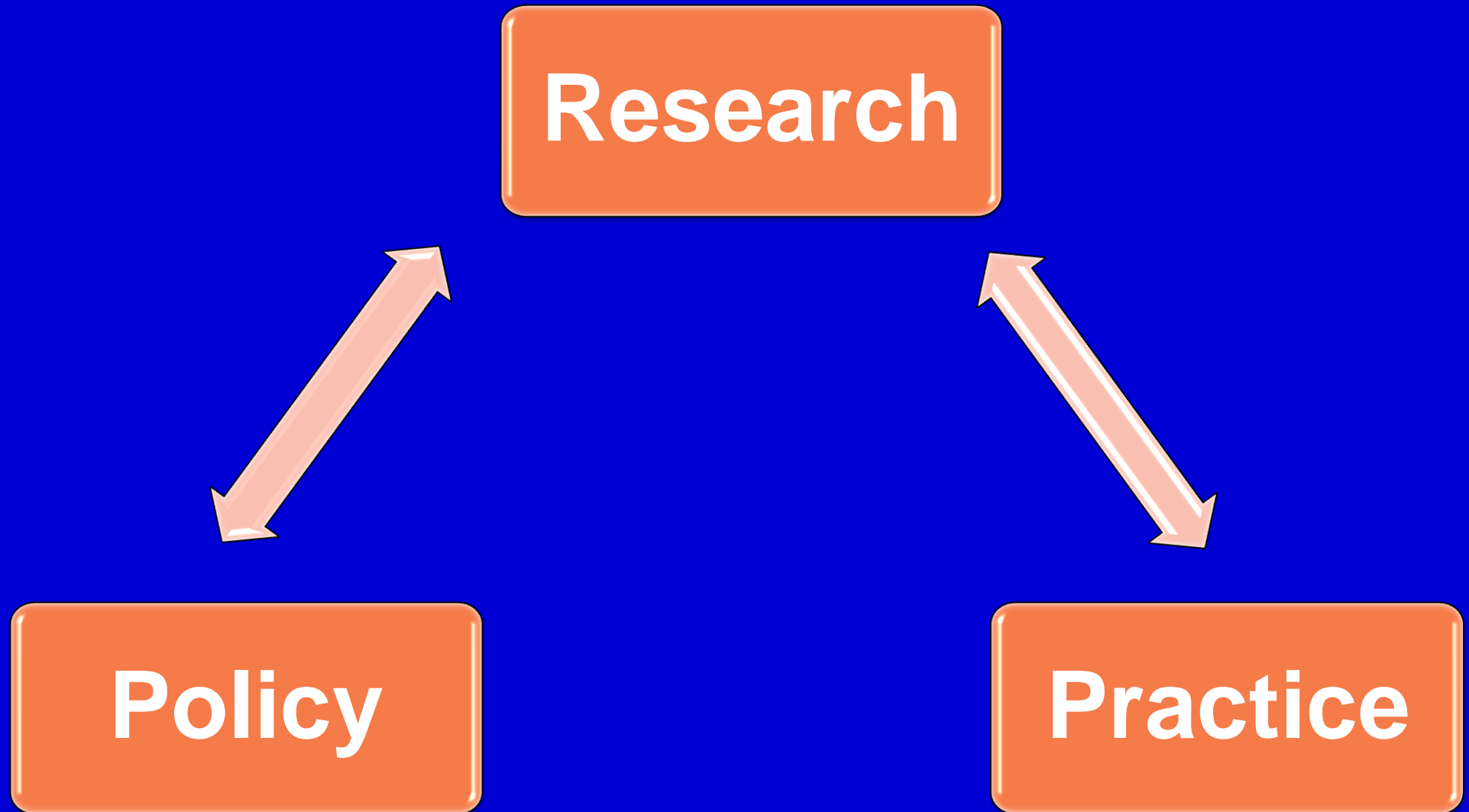
Changes in Measures from Baseline to Post-Spiritual AIM

	<u>Baseline Mean</u>	<u>Post-Spiritual AIM Mean</u>	<u>p-value</u>
Patient Dignity Inventory	53.6	51.6	0.280
Mini-MAC			
Fatalism	11.2	11.6	<u>0.084</u>
Fighting spirit	10.7	11.8	<u>0.036*</u>
Helpless/hopeless	14.1	13.4	0.382
Anxious preoccupation	20.7	20.2	0.478
Avoidance	9.0	9.2	0.510
Mini-MAC			
Maladaptive coping	34.8	32.3	0.178
Adaptive coping	30.2	32.6	<u>0.018*</u>

What is qualitative research?



Chaplains need research!



Why is Qualitative Research great for Chaplains?

- Reflexive researcher is central to the process of qualitative research
- Participants' perspectives are celebrated – they aren't seen only as subjects of research!

Spiritual AIM Study

- **Data Collection:**
 - Observations
 - Interviews
- **Analysis**
 - Team meetings
 - Coding
 - Analyzing themes

What is coding?

- Marking that data
- Describing the themes – what is going on?

The screenshot displays a qualitative data analysis software interface. The main window shows a text document with several paragraphs. A segment of the text is highlighted in blue, indicating it has been coded. On the right side, there is a list of codes, each preceded by a small icon (a yellow diamond with a black cross). The codes are organized into a list, with some codes having a small red square icon next to them. The interface includes a menu bar at the top with options like 'Citations', 'Codes', 'Memos', 'Networks', 'Views', 'Tools', 'Extras', 'A-Docs', 'Windows', and 'Help'. Below the menu bar is a toolbar with various icons. The main text area contains the following paragraphs:

Nov1 Quotes 7:30 it's really good Codes outcome {1-0} Memos anger, no plan - 04/19/2013 [2] {1-Me} - Super

I can, it's good for you.

-- it does develop -- it's really good for me 'cause it develops the inner part of relationships about the overused word "spirituality." 'Cause they don't consider themselves spiritual. Neither do I. I don't consider myself really that. It's just a way of living or something. But if you were to label it, she would be Buddhist; he would be Jewish, but they're not. It's like, I'm not really a Buddhist. It's just -- that's how I would be defined if people were to ask me what --

Right. If you have to find the words that that fit you the most, yeah. That makes a lot of sense.

Yeah. Yeah. But it's also very challenging because I think people make a mistake with spiritual searches in the sense that they're like -- A lot of times people could be like a water bug, and you keep flitting from one body of water to the next, but you never dive down deep. And unless you dive down deep, you can't find a teacher that's valid, you know, that's done the work and has the life experience and then get down to the core.

Yeah. Do you feel like you've been able to get down there?

Oh, I've been lucky there, too. Yeah. And it's a work in progress, and part of it is -- I've cared for others my whole life, and now it's time for other people to care for me, and I don't like it.

Mm-hmm. Yeah, I was thinking about how hard it must be. Here you are in a clinic with a chaplain, a chaplain who's young. So the kind of -- how is that for you to kind of be here to --

Well, it's different. Like, if I was offered: Oh, do you want to go talk to a chaplain about stuff? I'd say: No. What do they have to say to me?

Right.

But because it's a study, and you're trying to help other people through it, then I'm all for it, because if you can't be doing something productive, then life is kind of, well, not pointless but boring. And you don't want to feel -- well, at least I don't. I mean, maybe other people don't feel that way, but I just feel like happiness is a side effect of benefiting other people. That if you're seeking your own happiness, you'll always be seeking it, but if you try to help others overcome their obstacles, the byproduct of that makes you happy, I think.

resisting spiritual
Memo - 02/12/2013 [2]
ME:Memo - 02/12/2013 [2] {1-Me}
Is rejecting the spiritual a way of a
[CLICK TO EDIT]

arrogance

Chaplain explores the sadness,..

fear of dependence
loss of control

Chaplain acts as prophet and t..
Chaplain reminds patient of th..
ME - 04/15/2013 [5]

Patient puts chaplain below patient
reconciliation

research study participate in th

Codebook (example)

Code	Definition	Example
Sees both sides	Patient sees and articulates both sides of most situations. <u>Does not place blame.</u> On the one hand, but on the other hand;	P23: “It was very much not cool. But on the one hand, then I didn’t have any money so I could get on MediCal and that’s what I’ve been on since then and it’s been pretty good.”
Past decisions/coping	Chaplain asks how patient has coped with similar crises. Chaplain <u>asks how patient has made decisions in the past.</u>	“Yeah. Well I’m just curious about how you made the decision. It seems like a big decision to have gone and I’m so excited for you to be able to go tonight. But how did that come about” (P9)

Key Questions in our study

- **How do chaplains assess patients' spiritual needs?**
- **How do chaplains intervene to address these needs?**
- **What outcomes do chaplains seek?**
- **How can chaplains tell if these outcomes are achieved?**

Need for patients' voices and perspectives

“I found that we had interesting and meaningful conversations, although I went in somewhat, you know, puzzled and skeptical as to what it would be like. But I felt like in those times when we sat together, it helped me sort of consolidate a larger perspective and it was also extremely positive in recognizing my strengths and what I brought to the challenges that I’ve been facing.”

Need for patients' voices and perspectives

“I would've preferred that she have had more of a template, kind of an approach that – or an agenda even, really, to kind of guide me or hold my hand, so to speak, to kind of further the agenda of whom and whatever is behind this study. ‘Cause again, I feel like I don't – I didn't have an opportunity or wasn't encouraged or led to a discussion on God, faith or spirituality.”

Conclusions

- Recruitment
 - Feasibility, tolerability of spiritual care research in patients with advanced cancer receiving palliative care
- Pre/post data on spiritual, psychological, physical and quality of life characteristics
- Generated a richly descriptive qualitative database
 - 93 chaplain-patient encounters
 - 30 exit interviews
 - 25 team meetings

Conclusions

- Evolution in articulation of Spiritual AIM
- Development of chaplains as researchers
- Deep description of chaplains' work:
assessments, interventions, and outcomes
- New research questions

Thank you!!

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