A Practical Approach to Spiritual and Psychosocial Assessment and Intervention

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OBJECTIVES

At the end of this session, participants will be able to:

1. Identify the definition of a quality assessment.
2. Identify how a quality assessment can lead to quality interventions.
3. Integrate Family Systems Theory and a Strengths Based approach into the quality assessment.
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Part 1
Assessment

Hospice Practitioner’s areas of expertise – what are they and how do they fit into the assessment?

• Aggressive/palliative decision
• Hospice transition
• Processing the course of illness
• Life cycle transition
• Support patient and family
• Bereavement support
Factors to Consider for a Quality Assessment

- Day of admission or within 5 days
- In conjunction with another IDG member
- With patient and caregivers
- Time allotted to learn about the patient and caregivers
- At convenience of patient and caregivers
- Understanding of end of life assessments verses other healthcare setting assessments

Hospice Practitioner’s Self Awareness in Quality Assessment

- Biases
- Beliefs about functioning family systems
- Grief and loss experiences
- Fears about death and dying
- Spiritual beliefs
- Expectations of “productivity” standards
- Current home-life distractions
- Lack of clinical hospice knowledge
- Understanding of one’s skill set
- Documentation
Quality hospice assessment requires “being” with the patient rather than “doing” for the patient!

How difficult is it for you to “be?”

Assessment... what’s the purpose?

• Initial assessment information
  – Biological information
  – Psychological information
  – Social information
  – Spiritual information
NASW Standards for Palliative and End of Life Care

• Standard 3 – Assessment

  – “Social workers [and spiritual care providers] shall assess clients and include comprehensive information to develop intervention and treatment planning.”

  - NASW, 2004

NASW Standard 3 interpretation

“Assessment is the foundation of practice. Social workers [and spiritual care providers] plan interventions with their clients based on assessments and must be prepared to constantly reassess and revise treatment plans in response to newly identified needs and altered goals of care. Comprehensive and culturally competent social work [and spiritual] assessment in the context of palliative and end of life care includes considering relevant biopsychosocial factors and the needs of the individual client and the family (as defined by the client).”

  - NASW, 2004
NASW Standard 3 – Assessment... should include the following:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past/present health condition (pain, mental health, mobility, etc.)</td>
<td></td>
</tr>
<tr>
<td>Family structure and roles</td>
<td></td>
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<tr>
<td>Family communication and decision making patterns/styles</td>
<td></td>
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<tr>
<td>Life cycle stage and developmental issues</td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>Cultural values and beliefs</td>
<td></td>
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</tbody>
</table>

- NASW, 2004

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NASW Standard 3 – Assessment... should include the following: - con’t

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language preference and translation services</td>
<td></td>
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<tr>
<td>Care goals</td>
<td></td>
</tr>
<tr>
<td>Support systems (informal and formal caregivers, resources available and barriers to access)</td>
<td></td>
</tr>
<tr>
<td>Past experience with illness, disability, death and loss</td>
<td></td>
</tr>
<tr>
<td>Mental health (history, coping style, crisis management)</td>
<td></td>
</tr>
<tr>
<td>Suicide/homicide risk</td>
<td></td>
</tr>
<tr>
<td>Special population’s needs and communication back to the IDG (refugees, immigrants, children, mental illness, homeless, prison, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

- NASW 2004
Other areas to assess...

- Understanding/preparedness of illness process, imminent death, loss and anticipatory grief
- Strengths and vulnerabilities
- Methods of coping
- Conflicted relationships
- Legal documents (POA, DPOAH, Living Will, Estate Wills, Guardianships, etc.)
- Desired location of death and reality of this desire
- Quality of life issues
- Physical environment and promotion of psychosocial well being
- Volunteer needs
- Respite or continuous care needs

- KFL&A Palliative Care Integration Project, 2003

Social Work Assessment Tool - SWAT

- Designed to be used at each visit
- Psychosocial domains assessed
  - Spirituality
  - Death anxiety
  - Social support
  - Denial
  - End of life care decisions
  - Cultural Group
  - Safety
  - Comfort
  - Suicidal ideation
  - Preferences about the environment
  - Assistance with financial resources
  - Complicated anticipatory grief

- Reese et al., 2006
Spiritual Assessment

- Ever changing psycho-spiritual journeys
- Integration of local spiritual community
- Past, present and if possible future spiritual journey
- Emotional and mental state interconnectedness
- Relational preferences
- Active participation from patient in their spiritual care

- Quiles, 2009

Assessment Questions to Consider

- How do you make sense of what is happening to you?
- What source of strength do you look to when life is difficult?
- Would you find it helpful to talk to someone who could help you explore the issues of spirituality, faith and emotional strength?

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Part 2
Intervention

Spiritual/Psychosocial interventions...
what are they?

- Assess, diagnose, screen and document
- Stimulate and teach psychosocial/spiritual coping skills
- Crisis intervention
- Nonpharmacological symptom relief
- Enhance responsiveness of environment
- Evaluate one’s own practice
- Information and referral
- Counseling (dying process and anticipatory grief and bereavement)
- Reminiscence, life review and legacy projects
- Decision making
- Pain and suffering management

- NHPCO
### Factors to Consider for Quality Interventions?

- Timeliness
- Appropriate for patient/family’s spiritual, emotional, physical and mental health
- Patient/family directed
- Proactive vs. reactive
- Within the hospice scope of care
- Legal

### Hospice Practitioner’s Self Awareness in Quality Interventions

- Scope of hospice services
- Scope of my discipline
- Practitioner needs vs. patient/family needs
- Ongoing assessment of interventions and needs
- Care planning
- Documentation
Intervention Considerations and Family Systems

- Family subsystems
  - Couple
  - Parental
  - Sibling
- Distinguished by the members of the subsystem
- Subsystems organized to accomplish goals
- Blurred tasks or subsystem interaction seen as families having difficulties
- Open vs. closed families
- Ongoing tension between stability and change

- Bowen

Group Work

- Identify a partner of another discipline.
- Assign caregiver and practitioner role.
- Caregiver read the vignette.
- Practitioner begin your assessment

- With your partner begin to discuss interventions in context of family dynamics.
- Note self awareness discoveries that arise.
Case Vignette 4

You are the mother of a 7 year old diagnosed with leukemia. Your child, Jake Dow, underwent all possible treatments including 2 bone marrow transplants; one at age four and one at age seven. The physicians have said your child has at most six weeks to live. Currently your child is in the hospital and you desire to take him home for what time he has left. You have two other children ages two and five. You are a cardiac physician and still believe there is something more that could be done. Your spouse has decided he no longer wants to push for more treatment. This disagreement has become very profound in your marriage and you find it very difficult to communicate with him about anything. You feel they have given up on your child. Your parents and in-laws both live near by and are supportive. Your families are members of a local synagogue and are not receiving the support you feel you deserve and need. You are quite angry at God and find yourself pulling further from your spirituality. You are resentful of the fact that your spouse has asked to have hospice involved.

Your child is very weak and is awake about three hours per day. You want those three hours to be spent with family and not medical/hospice staff. His pain is very well controlled and he appears emotionally comfortable. There are not a lot of psychosocial services needed at this time for the patient. Instead you desire the hospice social worker’s focus to be on the rest of the family.

Assessment and Interventions Might Include:

- Emotional strain on marriage.
- Potential care giving needs at home.
- Emotional support for younger siblings.
- Anger around giving up.
- Spiritual anger questions and support.
- Getting patient home.
- Disease process education.
Growth Points:

1.

2.

3.

QUESTIONS
References

- http://endoflife.northwestern.edu/social_considerations/understanding.cfm
- http://www.chaplainkevinquiles.com/blog/?id=24&showEntry=1
- http://www.endoflifecare.nhs.uk/eolc/CS328.htm
- http://www.thebowencenter.org
- KFL&A Palliative Care Integration Project (2004).
- National Association of Social Workers (2004). (NASW)
- National Hospice and Palliative Care Organization (NHCP0)

THANK YOU!

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