



National Guidelines for Spiritual Care in Aged Care Implementation Tools

Domain 3: Identifying and meeting spiritual choices, preferences and needs

Outcome 3.2: *The spiritual choices, preferences and needs of older people are assessed using valid and reliable tools within one month of commencement and at least six monthly thereafter with the consent of the older person.*

The audiences for this tool include:

Executive	Leaders & managers	Frontline & clinical	Support Services
CEO	Spiritual/pastoral care	Spiritual care	Information Technology
Executive	Lifestyle/activities	Lifestyle	Building & maintenance
	Allied Health	Nursing	
	Clinical	Personal Care	
	Human Resources	Food Services	
	Innovation & strategy	Cleaning & laundry	
	Training & education	Allied Health	
	Research & development	Case managers	
	Hotel services		
	Volunteer coordinator		

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1. Introduction

This tool complements and extends upon Outcome 3.1, ‘*Upon commencement of care services, spiritual choices, preferences and needs are identified to establish immediate and ongoing care, with the consent of the older person*’. While spiritual screening aims to discover basic information around spirituality and belief, and to discern instances of spiritual distress, spiritual assessment begins to explore spirituality in greater depth, and also provides opportunity for deepening relationship between staff member and client/resident. Spiritual screening can be implemented by any member of the care team with some spiritual care training.



2. Spiritual History and Spiritual Assessment

There are many different methods to spiritual assessment, including direct and indirect methods, audit tools, value clarification scales, and acronym-based models which focus on specific areas of spirituality or spiritual care (McSherry & Ross, 2010).

We include here both spiritual history and spiritual assessment examples. The *spiritual history* is usually offered in the context of a broader history-taking, by nurses or other staff working with the resident or client. The *spiritual assessment* is best undertaken via specialist spiritual care practitioners or other members of staff who have a depth of skill in spiritual assessment and spiritual care. It may be necessary for some staff members to engage in further spiritual care training through Clinical Pastoral Education, Vocational Education & Training, or Higher Education training providers (please see the Meaningful Ageing Australia Member’s Zone for a database of training opportunities, or contact us for further non-accredited professional development options).

The assessment should ideally take place within one month of commencing with the organisation. Revisions can be made over time as spiritual care needs can shift as the person’s life changes. It is recommended that assessment reviews take place at least every six months. The spiritual assessment is the basis upon which spiritual care services are planned. It is also an intervention in itself as it provides a context within which the spiritual care relationship begins to develop through reflective listening and an attitude of warmth, openness and acceptance.

3. Valid and Reliable Tools

The National Guidelines Outcome requires *valid and reliable* tools. A valid tool is one that measures what it is supposed to measure. A reliable tool is one that produces stable and consistent results. In quantitative research, validity and reliability can be tested psychometrically. However, many spiritual assessment tools sit within a qualitative framework; they are conversational in nature, and designed to elicit in-depth information within a relationship of trust. They cannot be tested in the same way. In qualitative research, rigour is assessed using alternative criteria. Some of these include credibility and authenticity, transferability or applicability, dependability, and confirmability (Liamputtong, 2013). Although numerous spiritual assessment tools are in use internationally, and a small number particularly in relation to older people, few of them have been published in peer-reviewed literature that demonstrates the tool achieves what it sets out to do.

Thus, we include here a range of spiritual assessment models that have been trialled, evaluated or reported in published research. We have also used the National Ageing Research Institute's 'Tool and Resource Evaluation Template' to identify strengths and limitations of each tool.

Many organisations have created screening or assessment tools for their setting. If you have developed a tool and found it to work well in your organisation, so that others may benefit from your work, we suggest you consider a formal research project and publication of your results. You may also consider research projects applying existing clinical tools in the aged care context. By publishing your work, we all become better at what we do. For support in research, members can contact Meaningful Ageing Australia.

4. Considerations in Spiritual Assessment

Whichever of the tools you choose for your residents and clients, it is important to provide a context of safety and trust, and to be aware of the pathways of referral and actions arising from the assessment. Before beginning the assessment, read over the spiritual screening or referral you have received. If no spiritual screening has occurred, you might consider beginning with a conversation centred around ConneCTo, our spiritual screening tool. This will immediately give you a bridge into what matters most for the older person.

Begin the conversation with some background context. For example:

“At Acacia Care we make sure that we are taking care of the whole person. We want to ensure that your body is taken care of, your mind is active, that you can see the people you love and meet new friends. We also want to make sure that your spiritual life is supported. Sometimes things can be hard, especially in times of transition, such as moving into a new home. Spiritual care is about us knowing what matters most to you. I can see you have told us being in the garden is really important for you. I wonder if you might share with me some other things that support you?”

Follow the questions specified in the tool, and use prompts to invite the person to share more, being sensitive to resistance or signals of closing down. Listen for the terminology the person uses and reflect that back. If the person’s first language(s) are not English, please arrange for an interpreter and brief them beforehand.

Ensure that actions and activities are written into the care or service plan and important information is shared with other key staff. Make referrals as appropriate (eg. does the person want a community member from Temple to visit once a week? Is there a volunteer who can take the person into the garden regularly?). You may like to trial a few different tools to find out what works in your organisation. Below are some examples.

The first section below describes tools developed for aged care settings specifically. The second section describes tools from the clinical setting, which may be adapted for use in aged care (residential and community aged care). We include both short and more in depth assessments.

5. Tools for Spiritual Assessment

Following are four tools in common use. They have been chosen because they are either specific to aged care or because they are a good illustration of the range of published tools. The strengths and limitations of each are briefly discussed.

- a) NATFRAME (page 5)
- b) Elizabeth MacKinlay’s Spiritual Screening and Assessment (page 6)
- c) Christina Puchalski’s FICA (page 11)
- d) George Fitchett’s 7*7 (page 14)

5.1 Tools developed for aged care

a) NATFRAME – *The Key to Me*

The Australian Government has developed and recommended the National Framework for Documenting Care in Residential Aged Care Services (NATFRAME) for use in aged care facilities, to assist aged care providers in evidence-based practice. This comprehensive framework includes assessment tools in five domains: the social, cultural and spiritual; physical; functional; communication; and cognitive and mental. The majority of the assessment tools included in the NATFRAME have been validated.

The Social, Cultural and Spiritual domain is made up of the 'Key to Me' and 'Activity Therapy Assessment'. The spiritual component is minimal, asking residents to articulate their spiritual/religious activities and involvement patterns. The NATFRAME also asks about cultural, ethnic and religious practices that are important to the resident.

Strengths & Limitations

As a spiritual assessment, this tool is insufficient. The 'Key to Me' gathers broad information about the person's relationships, activities, habits/routines (which asks about culture and religion) and anecdotes.

The 'Activity Therapy Assessment' collects information on activity pursuits and abilities, support systems (which includes spiritual/religious activities), psychosocial and cognitive functioning, primary strengths and weaknesses, and leisure interest survey. It performs well as a preliminary screening tool, but requires more in depth assessment.

As with any work that touches on spiritual care it is important that staff undertake basic training in spirituality and spiritual care before using any of these more in-depth tools.

b) Elizabeth MacKinlay's Two-stage Spiritual Needs Assessment

Elizabeth MacKinlay (formerly Centre for Ageing and Pastoral Studies, Charles Sturt University) developed a two-stage spiritual needs assessment based on her research on the spiritual tasks of ageing. It is a conversation model that identifies spiritual distress and key information about the person's spiritual needs. It is appropriate for staff or volunteers who have intermediate level spiritual care training (please contact us for more information).

The Level One assessment has been designed as spiritual care screening that identifies spiritual distress. The Level Two assessment is a deeper conversation and attends to questions of meaning, transcendence, intimacy and hope. If you only use the Level Two (following another screening tool), please ensure you make take a moment to clarify information such as faith affiliations and spiritual practices. MacKinlay notes the screening could be self-administered, however our recommendation is that a skilled, sensitive and compassionate listener completes the screening so that the whole process occurs in the context of relationship.

It is important you provide context for the screening and assessment at the beginning of the conversation. Level One and Level Two are included below. We have made some minor modifications to ensure the tool is inclusive.



Elizabeth MacKinlay's Spiritual Assessment (adapted)

Level 1

To be used upon entry to residential aged care or community care. May be self-administered, or completed with assistance from family or staff

1. What makes your life worth living?
2. Are there things that are hard for you now?
3. What is hardest for you now?
4. How do you cope with difficult things in your life?
5. (Question 5 is optional) Religion/ denomination: _____
6. Are there any religious or spiritual practices that give you support? eg. Attending services of worship, prayer, meditation, reading Scripture or other religious materials.
7. Are you a member of a church, congregation or faith community ? Yes / No
8. Is there someone within that community that you would want contacted, for example your minister? Yes / No

If yes, please provide contact details for that person.

Level 2

To be used in interview with older person

Revise screening information and ensure information is correct.

1. Ultimate meaning in life:

1.1 Where do you find/what brings greatest meaning in your life?

1.2 What do you think God is like?

2. Response to ultimate meaning:

2.1 Is religion important for you?

If yes, in what way is it important?

Is your spiritual life important to you?

In what way is it important?

2.2 (Clarify faith affiliation, if not part of a faith community, then ask:) Did you used to be part of a faith community such as a synagogue, mosque or church?

2.3 Which ways of engaging with life's meaning do you use and/or would like to use:
(tick relevant boxes)

- | | | | |
|----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Worship | <input type="checkbox"/> Prayer | <input type="checkbox"/> Reading of Scripture | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Music | <input type="checkbox"/> The Arts | <input type="checkbox"/> Environment | <input type="checkbox"/> Other |

Comments:



2.3.1 If you engage with meaning through religious traditions, which of the following would you like to engage in?

- Attending church services
- Having the spiritual care practitioner call
- Having your own faith community representatives visit
- Meditation
- Joining a small group for Bible reading/study/other religious studies

Other:

Would you like assistance with any of these?

2.3.2 If you engage in life's meaning through any of the following please tick the relevant boxes:

- Music
- Art
- Environment
- Other?

Comments:

3. Transcendence of loss and disabilities

3.1 What losses have you experienced in the past two to five years?

eg. Spouse, other relatives, friends, work, home?

3.2 Do you have enough energy to do all you want to do?

3.3 Have you had any major illnesses and/or surgery?

3.3.1 What chronic illnesses do you live with?

3.4 If relevant, what has helped you to cope in difficult circumstances in the past?

3.5 Has your faith been a help in coping? If so, how?

4. Moving from provisional to ultimate meanings

4.1 Questions to explore:

- What have been the hardest things in your life?
- What is hardest now?
- What life experiences do you remember with joy?
- What life experiences do you remember with sadness?

(Spiritual reminiscence may be used as a vehicle to explore issues and find relationship between ultimate meaning and growth)

5. Finding intimacy with God and/or others

5.1 Meaningful relationships, type and satisfaction with relationships

- Do you have someone you can share with?
- Is that a relative or friend/s?
- Do you share struggles and joys with God?

5.2 Social and spiritual intimacy/isolation

- Do you feel lonely? (place a tick in one box below)

Never Sometimes Mostly All the time

Comments:

6. Finding hope

6.1 Do you have any fears?

6.2 What gives you hope in life?

Strengths

The Two-stage Assessment Tool was developed for aged care specifically and arises out of research into the stages of ageing in the Australian context. The *screening tool* brings to light possible spiritual distress. It attends to spiritual expression through religion. The *assessment tool* explores structures, relationships, beliefs, and meaning.

Limitations

The first four questions of the *screening* may be confronting so a preliminary rapport-building conversation is strongly advised. In administering this tool, it may be helpful to swap the question order to invite reflection on the structures of spiritual and religious life before inviting reflection on *sources of meaning, challenge and support*. Starting with more formal expressions of spirituality is often less confronting to talk about.

Some of the *assessment* language may be difficult to connect with or respond to and without our adaptations is Christian-faith oriented. The practitioner might like to consider a range of possible ways to phrase the questions before beginning, and to practice on some colleagues first. For example: 'Where do you find greatest meaning in life?' You might also ask, 'What's most important to you in life?'

Some questions may be challenging for those who don't have a theistic faith, for example, 'What do you think God is like?'. It is important to follow the terminology of the person you are talking to and adjust questions to reflect their particular framing. Note that these questions are prompts for conversation. Consider how you might follow up the questions, for example, in question 3.1; 'What losses have you experienced in the past two to five years?' Recognise that this may prompt grief. In asking, 'What has been hardest in your life?' consider following with 'What has supported you in this?'

Further recommendations

We recommend this assessment be administered by staff who have an intermediate level of training in spiritual care. If this tool is used, ensure that appropriate referral pathways are in place for follow up and action items are created and communicated appropriately.



5.2 Tools developed in other settings

There are a number of mnemonic tools that have been developed in clinical settings, for example the HOPE (where HOPE signifies sources of hope, role of organised religion, personal spirituality & practices, and effects on medical care and end of life) (Anandarajah & Hight, 2010), FACT (where FACT signifies faith or beliefs, active in faith community, coping or comfort, treatment plan) (Mark La Rocca Pitts, 2008) and FICA (see below) (Puchalski, 2010). While the language is a little different across the tools, each of them covers very similar territory. The tools explore spiritual or religious faith, the particular activities of the older person's spiritual practice, their connection to a spiritual community, and how these elements might interact with and be supported in the health care context.

We have included the FICA tool here as it has the most rigorous research base to date. You will note the language in the tool reflects the setting it was designed for. We have also included George Fitchett's 7*7 model (page 14)

c) Christina Puchalski's FICA Spiritual History

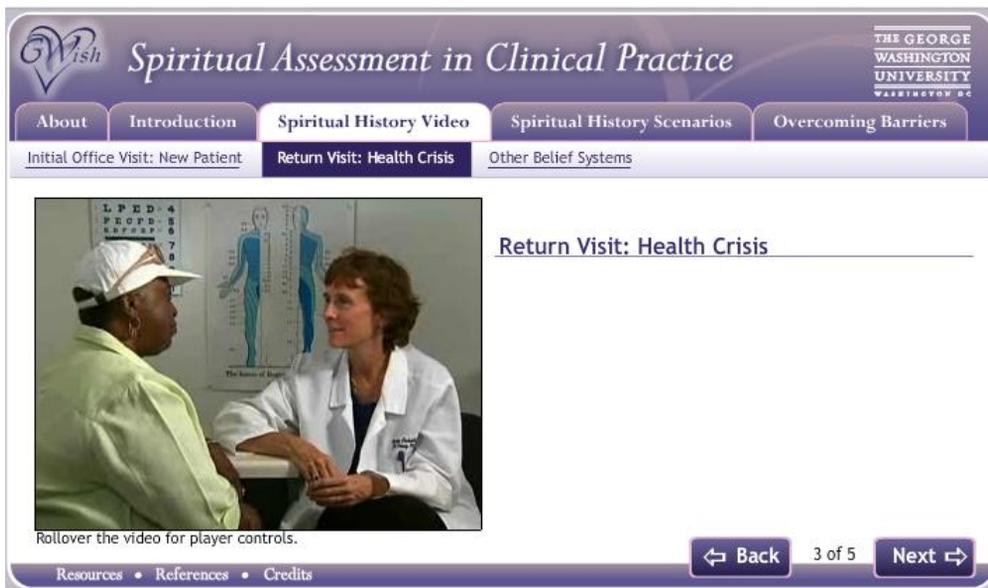
The FICA model, which was developed for clinicians, is appropriate for use with older persons (Puchalski 2010, Borneman, Ferrell & Puchalski 2010). The FICA is a mnemonic spiritual history tool that incorporates a short list of questions under four domains: Faith, Importance, Community and Address.

Practitioners are able to access the GWish website (www.gwish.org), which has supporting materials in relation to the FICA tool. Click on 'course', then the third tab on the screen, which links to a series of videos:

<http://www.gwumc.edu/gwish/ficacourse/out/main.html>

While the video is located in the context of a clinical setting and is delivered by a GP, it has relevance to the aged care setting.

Before using FICA it is important to begin with the introduction as suggested on page 3.





FICA Tool

F - Faith and Belief

"Do you consider yourself spiritual or religious?"

Or, "Is spirituality something important to you?"

Or, "Do you have spiritual beliefs that help you cope with stress/ difficult times?"
(Contextualise to reason for visit if it is not the routine history).

If the person responds "No," the interviewer might ask, "What gives your life meaning?"
Sometimes people respond with answers such as family, career, or nature.
(The question of meaning should also be asked even if people answer yes to spirituality)

I - Importance

"What importance does your spirituality have in your life?"

"Has your spirituality influenced how you take care of yourself, your health?"

"Does your spirituality influence you in your healthcare decision making?" (eg. advance directives, treatment etc.)

C - Community

"Are you part of a spiritual community?"

Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga, can serve as strong support systems for some patients.

Can explore further:

"Is this of support to you and how?"

"Is there a group of people you really love or who are important to you?"

A - Address in Care

"How would you like me, your service provider, to address these issues in your care?"
(With the newer models including diagnosis of spiritual distress, **A** also refers to the Assessment and Plan of spiritual distress or issues within a care plan)

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<https://smhs.gwu.edu/gwish/clinical/fica/spiritual-history-tool>)
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Strengths

The FICA tool has been extensively used and validated. It is accessible and was originally designed for the clinical setting (primary health care). While it has not yet been formally validated for aged care, it has been applied in that context. It is a *spiritual history* rather than *assessment*, so a follow up conversation with a spiritual care practitioner or other suitably sensitive and qualified person would be required to enable a more in depth conversation. It is a quick and easy mnemonic tool to use and is able to be used with a small amount of training.

Limitations

One limitation is that it lacks a definition of spirituality and assumes a shared understanding which may impair conversations early. For example: 'Is spirituality important to you' may be difficult for some people to relate to. A broad question asking 'what is important to you' may be more appropriate.

It is useful to provide some introduction before starting with the first question. We suggest you open the conversation with some phrases like:

"This is a spiritual history tool, there are no right or wrong answers, it helps us to get to know you a little better. The responses are different for everyone".

"We want to make sure that we support you in all aspects of your life, including your spiritual and religious life. These questions will help to identify your resources and ways that we can support you".

Further recommendations

Please note, that if there has been a *screening* process such as ConnectTo, refer back to information gathered through that earlier process. Use the language of the *screening* process (for example, use the language of connection if ConnectTo was administered as part of the early admission process).



d) *George Fitchett's 7*7 Spiritual Assessment Model (2002)*

The 7*7 model was developed by an experienced spiritual care practitioner in a clinical setting in the United States. It begins with holistic assessment of a person's life, then explores the spiritual dimension in more depth. For this reason it must be facilitated by a spiritual care practitioner or highly skilled and trained volunteer. The assessment reviews seven dimensions of the person's life, with the seventh being a thorough spiritual assessment. Some of the information in the earlier part of the assessment should be available to the practitioner in client notes or other assessments made by colleagues. It will need adapting for use in aged care.

Holistic assessment

- Medical dimension
- Psychological dimension
- Family-systems dimension
- Psychosocial dimension
- Ethnic, racial or cultural dimension
- Social issues dimension
- Spiritual dimension

Spiritual assessment

- Belief and meaning
- Vocation and obligations
- Experience and emotions
- Doubt (courage) and growth
- Ritual and practice
- Community
- Authority and guidance

HOLISTIC ASSESSMENT:

The holistic assessment looks at six dimensions of a person's life.

Medical Dimension:

- What significant medical problems has the person had in the past?
- What problems do they have now?
- What treatment is the person receiving?

Psychological Dimension:

- Are there any significant psychological problems?
- Are they being treated? If so, how?

Family Systems Dimension:

- Are there at present, or have there been in the past, patterns within the person's relationships with other family members which have contributed to or perpetuated present problems?

Psycho-Social Dimension:

- What is the history of the person's life, including, place of birth and childhood home, family of origin, education, work history and other important activities and relationships. What is the person's present living situation and what are their financial resources?

Ethnic, Racial or Cultural Dimension:

- What is the person's racial, ethnic or cultural background.
- How does it contribute to the person's way of addressing any current concerns?

Social Issues Dimension:

- Are the present problems of the person created by or compounded by larger social problems?

SPIRITUAL ASSESSMENT:

The spiritual assessment looks at seven dimensions of a person's spiritual life.

Belief and Meaning:

- What beliefs does the person have which give meaning and purpose to their life?
- What major symbols reflect or express meaning for this person?
- What is the person's story?
- Do any current problems have a specific meaning or alter established meaning? Is the person presently or have they in the past been affiliated with a formal system of belief (for example: church)?

Vocation and Obligations:

- Do the person's beliefs and sense of meaning in life create a sense of duty, vocation, calling or moral obligation?
- Will any current problems cause conflict or compromise in their perception of their ability to fulfil these duties?
- Are any current problems viewed as a sacrifice or atonement or otherwise essential to this person's sense of duty?

Experience and Emotion:

- What direct contacts with the sacred, divine, or demonic has the person had?
- What emotions or moods are predominantly associated with these contacts and with the person's beliefs, meaning in life and associated sense of vocation?

Courage and Growth:

- Must the meaning of new experiences, including any current problems, be fit into existing beliefs and symbols?
- Can the person let go of existing beliefs and symbols in order to allow new ones to emerge?

Ritual and Practice:

- What are the rituals and practices associated with the person's beliefs and meaning in life?
- Will current problems, if any, cause a change in the rituals or practices they feel they require or in their ability to perform or participate in those which are important to them?

Community:

- Is the person part of one or more, formal or informal, communities of shared belief, meaning in life, ritual or practice?
- What is the style of the person's participation in these communities?

Authority and Guidance:

- Where does the person find the authority for their beliefs, meaning in life, for their vocation, their rituals and practices?
 - When faced with doubt, confusion, tragedy or conflict where do they look for guidance?
 - To what extent does the person look within or without for guidance?
-

Strengths

This tool is very in-depth and so elicits meaningful information about the person and their care needs. It was developed by a spiritual care practitioner and is informed by spiritual care practice. It was developed for a clinical setting but can be applied in the aged care context.

Limitations

The holistic assessment is not strengths-based. It does not ask, for example, whether there are patterns of family relationships that are supportive and encouraging of the person. It assumes that there is “a problem” to be addressed rather than understanding to be reached. This is particularly important when considering adaptation for an aged context. The tool’s depth means that it takes considerable time to implement. It requires a trained spiritual care practitioner with the capacity to follow up over time, which may be difficult for some organisations that don’t have access to practitioners or limited hours.

Further recommendations

Read Fitchett’s book (listed below) to experience a number of case studies demonstrating the application of the tool. If adapting the tool for use in aged care, consider re-framing the questions in terms of “difficulties” rather than “problems” and explicitly ask about what is going well, where the supports are and so on.

Concluding remarks

This tool has outlined four spiritual assessment models. We encourage you to review each of the options and choose the model that best suits your organisation. This will depend upon the availability of spiritual care practitioners, or other skilled, trained and sensitive volunteers or staff members.

Resources

- Anandarajah & Hight (2001). Spirituality and Medical Practice: using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician* 63(1):81-9
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- Timmins, F., Kelly, J. (2008). Spiritual assessment in intensive and cardiac care nursing. *Nursing Critical Care*. 13(3): 124-31.

Elizabeth MacKinlay's Two-Level Assessment:
<https://centreforageing.wordpress.com/resources/>

NATFRAME:
<http://webarchive.nla.gov.au/gov/20130905053210/http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-rescare-natframe.htm>

We welcome your feedback: admin@meaningfulage.org.au.

Meaningful Ageing Australia offers a consultancy to members to assist you with implementation.

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