

Original Paper

Tools to Assess Clients' Spirituality in Health and Human Services: A brief Overview

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Abstract

This resource provides a brief overview of a few simple and easy-to-use tools that can assist health and human service providers in assessing their clients' subjective spirituality as part of a holistic way of helping the client and their wellbeing. These tools can help them respectfully engage their clients as it relates to spiritual preferences and the importance and applicability of spirituality in their life, recovery, and end-of-life care.

Keywords

Spiritual assessment, subjective spirituality, FICA, HOPE, SPIRITuality History, genogram

1. Introduction

There are a few simple and easy-to-use tools that can assist health and human service providers in assessing their clients' subjective spirituality as part of a holistic way of helping the client and their wellbeing. These tools include FICA, HOPE, and SPIRITual History as well as spiritual ecomap and genogram assessments. While somewhat dated, and used generally with medically fragile patient populations, they appear to have current relevance in modern health and human service systems, particularly as we advance virtual platforms of service delivery.

Prior to assessing clients' spirituality, Puchalski (1996) offers this important advice, again still relevant:

Regard spirituality as a potentially important component for clients. Address spirituality at each visit or follow up visits if appropriate. Spirituality is an ongoing issue. If a patient presents with distress, the clinician should always assess for psycho-social and spiritual distress as well as physical. Respect clients' privacy regarding spiritual beliefs; don't impose your beliefs on others. Make referrals to chaplains, spiritual directors, or community resources as appropriate. Finally,

be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the [clinician]-patient encounter a more humanistic one. (p. 7)

According to Rumbold (2007), appropriate spiritual assessment “means identifying spiritual needs and resources in ways that permit clear documentation of needs, strategic responses to these needs, resources required, and outcomes” (p. S61). Spiritual variables can be pertinent aspects of care and can change over time, so tracking this is important (Gorsuch, 2010).

2. Tools

FICA: The FICA tool is based on four domains of spiritual assessment: the presence of *Faith*, belief, or meaning; the *Importance* of spirituality in an individual’s life and the influence that belief system or values has on the person’s healthcare decision making; the individual’s spiritual *Community*; and interventions to *Address* spiritual needs (Borneman, Ferrell, & Puchalski, 2010; Puchalski, 1996; Puchalski & Romer, 2000). (See Table 1).

Table 1. FICA Examples

Acronym	Item	Sample Question*
F	Faith	What is your faith or belief?
I	Importance	How has your beliefs influenced your behavior during illness?
C	Community	Are you part of a religious community?
A	Address	How would you like me to address these issues in your care?

* A full list of questions can be found in Puchalski, C. (1996).

HOPE: As for the HOPE tool, the domains for assessment are: H—sources of hope, strength, comfort, meaning, peace, love, and connection; O—the role of organized religion for the patient; P—personal spirituality and practices; and E—effects on medical care and end-of-life decisions (Anadarajah & Hight, 2001) (See Table 2).

Table 2. HOPE Examples

Acronym	Item	Sample Question*
H	Sources of hope, meaning, comfort, strength, peace, love and connection	What are your sources of hope, strength, comfort, and peace?
O	Organized religion	Do you consider yourself part of an organized religion?

P	Personal spirituality/practices	Do you believe in God? What kind of relationship do you have with God?
E	Effects on healthcare/end of life	Are there any specific practices or restrictions I should know about in providing your care?

*A full list of questions can be found in Anadarajah & Hight (2001)

SPIRITual History: To facilitate discussion, using the SPIRITual History, the provider can ask the client about these domains: S—Spiritual belief system; P —Personal spirituality; I—Integration and involvement in a spiritual community; R—Ritualized practices and restrictions; I—Implications for medical care; T—Terminal events planning (Advance Directives) (Maugans, 1996). (See Table 3).

Table 3. SPIRITual History Example

Acronym	Item	Sample Question*
S	Spiritual belief system	What is your formal religious affiliation and how do you practice?
P	Personal spirituality	What is the importance of your spirituality/religion in daily life?
I	Integration with a spiritual community	Do you belong to any spiritual or religious group in the community?
R	Ritualized practices and restrictions	What do you practice (e.g., prayer, attending services, reading...)?
I	Implications for care	What aspects of your religion/spirituality would you like your provider to keep in mind as they treat you?
T	Terminal events planning	As we plan for your care near end of life, how does your faith impact your decisions?

*A full list of questions can be found in Maugans (1996)

Spiritual Ecomap and Genogram Assessments: “Spiritual genograms are an assessment tool specifically designed for defining and functionalizing the spiritual and religious powers existing in the client’s family system” (Hodge, 2003 as cited in Sahin, 2017, p. 48). Hodge (2000, 2001, and 2003) discusses spiritual ecomaps and genograms as approaches to assessing spirituality. Since genograms look at interaction types within the family, they can reveal important clues while dealing with problems individuals and families may face (Sahin, 2017). After a review of the literature, Sahin (2017) concluded that drawing a genogram plays an effective role in establishing a therapeutic bond during the therapy process according to several therapists. Specific questions to assist in constructing a spiritual genogram can be found in

Hodge (2001), for example, “What spiritually significant events...have occurred in the family? How did these events affect the individuals involved? How did other members react to these changes” (p. 42)?

3. Conclusion

These organized tools can serve as a template for an assessment that can help health and human service workers better gauge where their clients are spiritually. This information can help them respectfully engage their client as it relates to spirituality, preferences, and the importance and applicability of spirituality in their life, recovery, and end-of-life care.

These are good starting points for those working in a human service settings, either secular or faith-based. If there is an interest in the minutia of spiritual assessment, and multidimensional measurements for uses in quantitative research, which can also be applied in a clinical settings, an array of resources and screening items/scales can be found in Fetzer Institute (2003) and in Gorsuch and Miller (2010), which are recommended resources.

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