Handout 2: Practical Tools for Collaborative Care Approaches: Spiritual Assessments

1. FICA Spiritual History Tool

- Purpose: Understand a patient's spiritual beliefs and their influence on health.
- Components:
 - Faith: "What is your faith or spiritual belief?"
 - Importance: "How important is your faith in your life?"
 - Community: "Are you part of a spiritual or faith-based community?"
 - Address: "How would you like me to address these issues in your care?"
- Use: During initial assessments or ongoing care.
- Puchalski, C. M., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. Journal of Palliative Medicine, 3(1), 129-137.
- https://gwish.smhs.gwu.edu/sites/g/files/zaskib1011/files/2022-06/FICA-Tool-PDF-ADA.pdf?utm_source=chatgpt.com

2. HOPE Questions

- Purpose: Screen for spiritual needs and concerns.
- Components:
 - H: Sources of hope, meaning, comfort, strength, peace, and love.
 - O: Role of organized religion.
 - P: Personal spirituality and practices.
 - E: Effects on medical care and end-of-life decisions.
- Use: Facilitates deeper exploration of spiritual issues.
- Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. American Family Physician, 63(1), 81-89.
- <u>https://gwish.smhs.gwu.edu/sites/g/files/zaskib1011/files/2022-06/FICA-Tool-PDF-ADA.pdf?utm_source=chatgpt.com</u>
- <u>https://www.aafp.org/pubs/afp/issues/2001/0101/p81.html?</u> <u>utm_source=chatgpt.com</u>

3. Spiritual Well-Being Scale (SWBS)

- Purpose: Evaluate spiritual well-being related to mental health and quality of life.
- Components:
 - Religious Well-Being: Relationship with a higher power.
 - Existential Well-Being: Sense of purpose and life satisfaction
- Use: Often employed in research or clinical settings.
- Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being, and the quality of life. In L. A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research, and therapy (pp. 224-237). Wiley Interscience.
- <u>https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1300047</u>



4. Brief RCOPE

- Purpose: Assess religious coping strategies in stressful situations.
 - Religious Well-Being: Relationship with a higher power.
 - Existential Well-Being: Sense of purpose and life satisfaction
- Components:
 - Positive coping (e.g., seeking spiritual support).
 - Negative coping (e.g., feeling abandoned by a higher power).
- Use: Identifies whether spirituality is a resource or a stressor.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. Journal for the Scientific Study of Religion, 37(4), 710-724.
- <u>https://psycnet.apa.org/record/1999-10116-009</u>
- <u>https://www.mdpi.com/2077-1444/2/1/51</u>

5. Spiritual Distress Assessment Tool (SDAT)

- Purpose: Identify signs of spiritual distress (e.g., loss of meaning, isolation, anger toward a higher power).
- Use: Especially useful in healthcare and end-of-life care settings.
- Monod, S., Brennan, M., Rochat, E., Martin, E., Rochat, S., & Büla, C. J. (2011). Instruments measuring spirituality in clinical research: A systematic review. Journal of General Internal Medicine, 26(11), 1345-1357.
- <u>https://pmc.ncbi.nlm.nih.gov/articles/PMC3208480/</u>

6. Faith-Based Goal Setting

- Purpose: Collaborate on treatment goals that integrate faith and mental health.
- Components:
 - Identify spiritual goals aligned with mental health outcomes.
 - Regular check-ins to assess progress.
- Use: Encourages integration of spirituality into therapeutic practices.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 278730.
- <u>https://pmc.ncbi.nlm.nih.gov/articles/PMC3671693/</u>

7. Cultural and Religious Competence Assessment (CRCA)

- Purpose: Explore cultural and religious impacts on health and care preferences.
- Components:
 - Cultural identity.
 - Spiritual practices.
 - Community involvement.
- Use: Builds trust and ensures culturally sensitive care.
- Like, R. C. (2011). Educating clinicians about cultural competence and disparities in health and health care. Journal of Continuing Education in the Health Professions, 31(3), 196-206.
- <u>https://www.ncbi.nlm.nih.gov/books/NBK493216/</u>

