

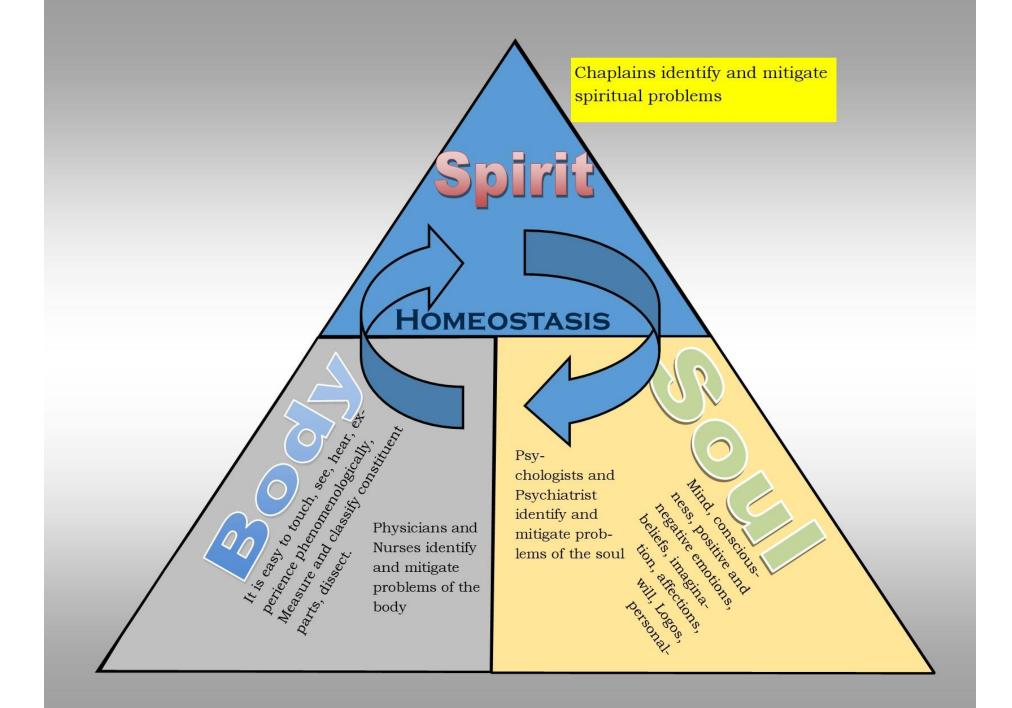
# Spiritual Assessment

# **Objectives of the Course**

- Learn the ABC's of emergency Spiritual Care
- See your role as spiritual care practitioners
- Learn what the spiritual life is
- How you can uncover the spiritual concerns using open ended questions and
- Develop a care plan for the Inmate.

#### Assumptions

- God is always at work in the lives of the people we encounter.
- God desires a relationship that is real and personal.
- God calls people by quietly calling their name.
- God is the persons, one substance, but three distinct persons Father/mind, Son/Body, Spirit/Holy Spirit.
- Human beings are made in the image of God, and thus we have a body, a mind and a spirit



#### Our Spirit Helps us in three areas of Life

#### ABC's of Spiritual Care

- Connection to God
- Meaning and purpose in life
- Hope for the Future
  - Here and now
  - Hereafter





• God wants a connection With us

- Genesis 3:9
- Where are you?
- Adam's Sin broke God's heart.

# Meaning and Purpose

We have to have a reason to get up in the morning

## Hope for the Future

Here and Now

Hereafter

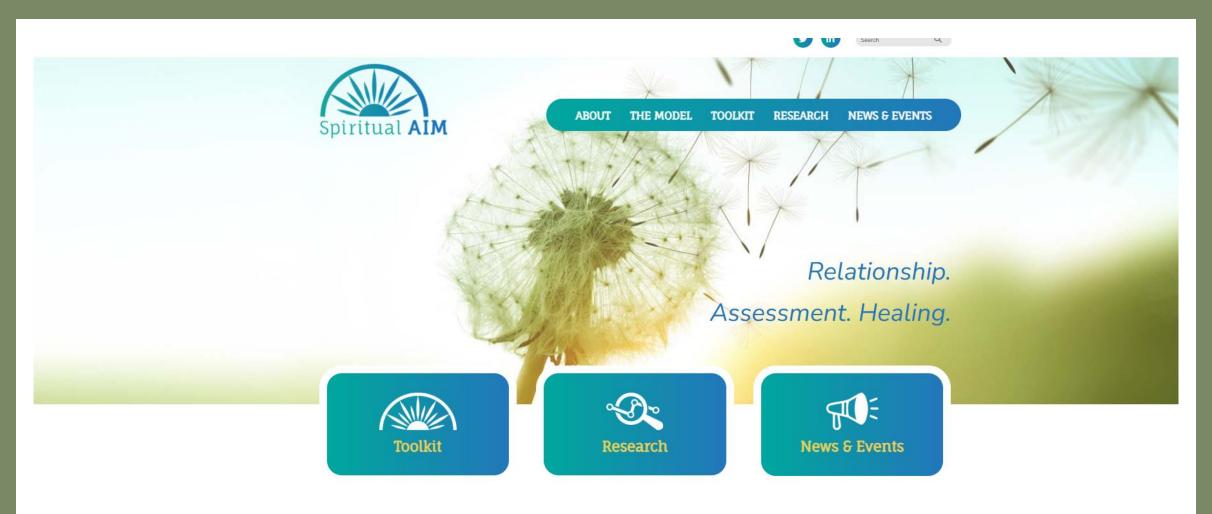
## **Three Spiritual Care Assessments**

**G** SpiritualAIM

# Spiritual Well-being Scale

# Mnemonic FAITH and HOPE

Other Spiritual Care assessments



The Spiritual Assessment and Intervention Model (AIM)

### The Spiritual Assessment and Intervention Model (AIM)



The Spiritual AIM Model — developed from real-life examples of patient spiritual assessment, chaplain intervention, and patientdescribed outcomes — is a unique, dynamic, evidence-based assessment model that helps providers engage in the relationships required to best meet the needs of those they're serving.

Click Here To Learn More

- Meaning & Direction
- Self-Worth &
- Belonging to Community Reconciliation
- To Love and Be Loved
- 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.

- Meaning and Purpose
  - 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 diffifficulty 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).
- • Patient feels enticed, yet encumbered by exploring infifinite possibilities.

- Self-Worth & Belonging to Community
- • 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 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.



- · · Reconciliation/To Love and Be Loved
- • Patient blames and mistrusts others.
- • Patient complains (e.g., about food, staff).
- • 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 early in process.
- • Patient's comments focus on their assumptions about others' 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.

# Spiritual Well-being Scale

Can also determine emotional well-being

Can also determine existential well-being

## Mnemonic FAITH and HOPE

•FAITH: This mnemonic helps guide the assessment process:

- **F**: aith: What are the patient's religious or spiritual beliefs?
- A: ffects: How do these beliefs influence their health decisions?
- I: nfluence: What role does spirituality play in their life?
- **T**: reatment: How can their spiritual needs be addressed in their care?
- H: elp: What resources or support do they need related to their faith or spirituality?

HOPE stands for:

- H Sources of Hope, strength, comfort, meaning, peace, love and connection.
- O Organized religion.
  - P Personal spirituality and practices.
- E Effects on medical care and end-of-life decisions.