Spirituality and the SLP:

Incorporating Faith to Promote Healing

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- I have no relevant financial relationships or non-financial relationships to disclose

Learner Outcomes

- Compare/contrast the terms faith, religion, and spirituality
- Recognize the correlation between physical and spiritual health as evidenced by research
- Define the role of palliative care providers and their services
- Explain the impact of incorporating spirituality into treatment on patients, families and healthcare providers
- Name specific ways to prevent burnout in our profession

Spirituality

- of, relating to, or affecting the human spirit or soul as opposed to material or physical things
- of or relating to religion or religious belief
- a search for "the sacred" (God, Jesus, Mohammad, Buddha, etc.)
- the quality of being concerned with the human spirit or soul as opposed to material or physical things

Religion

- the belief in and worship of a superhuman controlling power, especially a personal God or gods
- a particular system of faith and worship

Faith

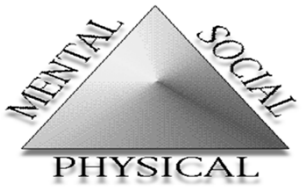
- Strong belief in God or in the doctrines of a religion
- Complete trust or confidence in someone or something
- Firm belief in something for which there is no proof

Prayer

- a solemn request for help or expression of thanks addressed to God or an object of worship
- an earnest hope or wish

Health

- a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (World Health Organization)



What does religion mean to Americans?

- 57% indicated religion was very important to them
- 89-96% believe in God or a universal spirit
- 90% pray
- 1 in 5 say they are spiritual, but not religious
- 75% consider religion of considerable importance
- 80% say that the statement "I receive a great deal of comfort and support from my religious beliefs" is completely or mostly true.

Gallop Polls (1996, 2006, 2016)

Why Should Health Care Providers Include Spirituality in Patient Care?

1. Many patients are religious or spiritual and would like it addressed in their health care
2. Religion influences the patients ability to cope with illness
3. Patients, particularly when hospitalized are often isolated from their religious communities
4. Religious beliefs affect medical decisions and may conflict with medical treatments
5. Religious involvement is associated with both mental and physical health and likely affects health outcomes (one way or another)
6. Religion influences health care in the community.

Koenig MD, Harold. (2013). Spirituality in Patient Care: Why, How, When, and What. Templeton Foundation Press

What does the research say?

- During the 20th century, more than 1200 studies examined the relationship between religion and health
  - majority found a significant **POSITIVE** association.

Research: Spirituality Addressed in Healthcare

King and Bushwick
- 77% said that physicians should consider their spiritual needs

McCord et al.
- 83% wanted physicians to ask about spiritual beliefs in at least some circumstances

USA Weekend magazine, nationwide poll (1996)
- 63% said physicians should talk to patients about faith, 67% among older persons
- 66-81% say they would have greater trust in their physician if they asked about religious/spiritual beliefs

King DE, Bushwick B. (1994). Beliefs and attitudes of hospital inpatients about faith, healing and prayer. J Fam Pract. 39:349-352
McCord, Gary et al. (2004). Discussing spirituality with patients: A rational and ethical approach. Annals of Family Medicine. 2(4):356-361.

- **Balboni et al.**
  - 86% of patients viewed spiritual care as important
  - 90% never received it
- **Vallurupalli et al. multisite study of cancer patients**
  - Patients rated faith in God as the second most important factor in medical decision making
  - MDs rated this factor as the least important

Balboni, T. et al. (2011). Support of cancer patients' spiritual needs and associations with medical care costs at the end of life. Cancer. Dec 1; 117 (23):5383-91.
Vallurupalli et al. (2012). The role of spirituality and religious coping in the quality of life of patients with advanced cancer receiving palliative radiation therapy. J Supportive Oncology. March-April; 10 (2):81-87.

Religious Coping

- **Observational Studies**
  - 65% showed significantly lower rates of depressive disorder in people who were more religious
- **Prospective Studies**
  - 68% showed greater religiousness predicted less depression
- **Clinical Trials**
  - 5/8 showed depressed patients who received religious interventions recovered more quickly than subjects receiving either a secular intervention or usual care

Koenig MD, Harold. Spirituality in Patient Care: Why, How, When, and What. Templeton Foundation Press, 2013.

Hospitalized patients are isolated from religious communities

- Availability due to location
- HIPPA compliance
- Not trained regarding medical situations/care
- Scheduling
- Many patients are not regular churchgoers
- Chaplains are unavailable

Religious beliefs can affect medical treatments/decisions

- Diet
- Birth of a child
- Birth control
- Rituals surrounding illness
- Death and dying
- Compliance with medical treatments

Involvement in Mental Health Outcomes

- 68 studies examining suicide
  - 84% : lower rates of suicide among the more religious.
- 140 studies examining religious involvement and the abuse of alcohol and drugs
  - 90%: found a statistically significant inverse coorelation
- 100 studies examining religion and positive emotions
  - 79% : found religious persons had significantly greater well being, life satisfaction or happiness
- 16 studies examining association between religion and purpose
  - 93%: showed religious persons had a feeling of greater purpose and meaning in life

Koenig MD, Harold. Spirituality in Patient Care: Why, How, When, and What. Templeton Foundation Press, 2013.

Involvement in Physical Health Outcomes

- Negative emotions and social isolation are associated with worse immune functioning and poorer cardiovascular health
- Cells of stressed women were aging ten years more rapidly than those who were less stressed
- High levels of cytokine interleukin 6 (inflammatory indicator), significantly more common in those who did not attend religious services
- Researchers at Yale and University of Texas have found that cognitive functioning declines more slowly with those who are more religiously active.

Xia N. et al. (2017). Loneliness, social isolation, and cardiovascular health. Antioxid Redox Signal. Oct 23.
Epel, E. et al. (2004). Accelerated telomere shortening in response to life stress. Proceedings of National Academy of Sciences. December 7. 101 (49). 17312-17315
Koenig et al. (1997). Attendance at religious services, interleukin-6, and other biological parameters of immune function in older adults. International Journal of Psychiatry in Medicine. 1997. 27: 233-250.

Social Networks/Support

- 19/20 studies show significant correlation
- Larger support network, more durable when illness strikes
- Religious persons spend less time in the hospital

Koenig MD, Harold. Spirituality in Patient Care: Why, How, When, and What. Templeton Foundation Press, 2013.

How often do religious/spiritual conversations occur?

- 77.6% endorsed religion or spirituality as fairly or very important in their life.
- Discussion of religious or spiritual considerations occurred in only 16% of conferences
- Surrogates were the first to raise spiritual considerations in 26/40 cases
- In only 8 conferences did health care professionals attempt to further understand surrogates beliefs

Ernecoff, et al. (2015). Health care professionals' responses to religious or spiritual statements by surrogate decision makers during goals of care discussions. JAMA Internal Medicine. (2015). 175(10):1662-1669.

What do Physicians Say?

- 96% acknowledge that spiritual well being is an important component of health
- 85% say that they should be aware of the patients religious/spiritual beliefs
- 89% indicate that they have a right to inquire about religious/spiritual beliefs
- 55% indicated that it was usually appropriate to inquire about religious/spiritual beliefs
- 10% indicated that they OFTEN inquire

Curlin et al. (2006). The association of physicians religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. Medical Care, 44 (5), 446-453

Outcomes of Incorporating Spirituality in patient care

- Ability to cope
- Mobilizing community support
- Impact on patient compliance
- Effect on relationships between patients and health professionals
- Impacts on health care professionals and patients individually
- Positive and negative consequences

JACHO Requirements

- A spiritual history be taken on every patient admitted
- Must be documented in the medical record
- Determine the patient's denomination, beliefs, and what spiritual practices are important to the patient
- Define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment

Examples

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?
- How does the patient express their spirituality?
- How would the patient describe their philosophy of life?
- What type of spiritual/religious support does the patient desire?
- What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi?
- What does suffering mean to the patient?
- What does dying mean to the patient?
- What are the patient's spiritual goals?
- Is there a role of church/synagogue in the patient's life?
- How does your faith help the patient cope with illness?
- How does the patient keep going day after day?
- What helps the patient get through this health care experience?
- How has illness affected the patient and his/her family?

www.jointcommission.org

What does ASHA say?

- SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:
  - Empower to make informed decisions
  - Provide support and education
  - Provide skills that enable them to become self-advocates
  - Discuss, evaluate, and address negative emotions and thoughts
  - Refer to other professionals when counseling needs fall outside of those related to communication and/or feeding and swallowing.

www.asha.org

The Overall Objective

- Improve the quality of patient care
- Address the needs of patients as whole persons
- Improve medical outcomes

Palliative Care

- Specialized medical care for people with serious illness
- Focused on providing relief from the symptoms and stress of a serious illness
- Provided by a specially-trained team of medical professionals
- Appropriate at any age and at any stage during a serious illness
- Appropriate for patients receiving curative treatment AND for patients receiving comfort-oriented care

Primary Goals of the Palliative Care Team

- Improve quality of life for patients and families
- Close communication gaps within the treatment team
- Provide an extra layer of support
- Assist with explaining all treatment options and choices
- Collaborate with the team, patient, and family

www.getpalliativecare.org

Palliative Performance Scale (PPSv2) Victoria Hospice Society

PPS Level	Ambulation	Activity and Evidence of Disease	Self-care	Intake	Conscious Level
100%	Full	Normal activity and work; no evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work; some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort; some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable hobby/house work; significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable normal job/work; significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly Sit/Lie	to do any work; extensive disease	Considerable assistance necessary	Normal or reduced	Full or confusion

PPS Level	Ambulation	Activity and Evidence of Disease	Self Care	Intake	Conscious Level
40%	Mainly in bed	Unable to do most activity; extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity/extensive disease	Total care	Normal or reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity; extensive disease	Total care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity; extensive disease	Total care	Mouth care only	Drowsy or Coma +/- confusion
0%	Death	–	–	–	–

When to request a referral to Palliative care

- Confer with PPS
- Moderate to severe dysphagia in combination with other medical factors
- Decreased intake/decision re: nutritional support
- Family/patient confusion/uncertainty regarding the patients medical situation and overall prognosis

Chaplains/Pastoral Care

- Clinically and theologically trained professionals who provide support for patients cultural, spiritual, and religious needs and minister independent of faith
- Member of the healthcare team who participate in many different aspects of patient care
- Typically see 1 out of every 5 hospitalized patients
- Approximately 10,000 in the US
- Not revenue generating

www.professional chaplains.org

Relationship Between Chaplain Visits and Patient Satisfaction

- Patients visited by chaplains were more likely to endorse that staff met their spiritual needs and their emotional needs
- Patients visited by a chaplain were more satisfied on both surveys
- Conclusion: Chaplains integration into the healthcare team improves patients satisfaction with their hospital stay which in turn equals positive consequences

Marin et al (2015). Relationship between chaplain visits and patient satisfaction. Journal of Health Care Chaplain. 21(1). 14-24.

Incorporation of Spirituality in Rehabilitation Settings

- Very little research in this area
- PT:
  - 96% felt that spiritual well being was an important component of healthcare
  - 30% believed that spiritual concerns should be addressed by the PT
- PT/OT surveys:
  - 44-58% were incorporating spirituality (broadly defined) into their practice
  - Majority felt that it was appropriate to address for their line of work
  - Majority felt that spirituality was relevant to the care of the patient

Farrar, JE (2001) Addressing spirituality and religious life in occupational therapy practice. Physical and Occupational Therapy in Geriatrics. 18(4). 65-85.
Oakley, E. T., Katz, C. Sauer, K., Dent, B., Millar, A. L. (2010). Physical Therapists Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers. Journal of Physical Therapy Education, 24(2), 45-52.

Spirituality and the Speech-Language Pathologist

- Spirituality and religious beliefs are often neglected in SLP assessments, interventions and outcomes across the lifespan
- Very little research related to SLP, more needed
- Growing number of recommended instruments available that can be of value to SLPs
- More education needed in our universities and professional development programs

Mathisen et al. (2015). Religion, spirituality, and speech-language pathology: A viewpoint for ensuring patient-centered holistic care. Journal of Religion and Health. 54(6). 2309

Compassion Fatigue and Prevention

- The exhaustion, fatigue, and subsequent symptoms that are the result of passionately, skillfully, and compassionately giving of yourself to help others
- Awareness/Realism
- Humor
- Flexibility/Adaptability
- Social Support
- Explain phenomena to others-work and home
- Be creative
- Plan something every month/every week /every day that you look forward to
- Ask for what you want and need
- Faith/Meditation/Prayer
- Performing acts of kindness
- Faith/Meditation/Prayer

Prayer Research

- 75% to 82% of Americans claim to pray regularly and/or believe in the healing power of prayer
- 75% of 35,000 Americans age 18 or older reported that they pray at least once per week, with 58% praying at least once per day.
- Patients feelings about praying with their physician ranged from 19-78% in favor
  - Setting
  - Severity of the illness
  - Religiousness of the patient

Pew Forum U.S. Religious Landscape Survey conducted May 8 to Aug. 13, 2007
Time Magazine. June 24, 1996: 147:19.

64% of the American people believe that MD's should join in prayer with patients when they are asked

- National sample of physicians
  - 19% sometimes, often or always prayed with patients
  - 34% rarely
  - 48% never

Curlin et al. (2006). The association of physicians religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. Medical Care, 44 (5), 446-453

Risks and Benefits of Incorporating Prayer

- Risks
  - Can be awkward
  - May make the patient feel imposed upon, pressured, and/or uncomfortable
  - Legal cases
- Benefits
  - Can provide enormous comfort to the patient and family
  - Help support and strengthen the relationship between the health care provider and patients/families
  - Patients and families may feel more comfortable praying with a familiar person rather than unknown clergy/chaplain

Incorporating Prayer

- Prayer led by the healthcare provider
- Silent Prayer
- Patient-Led Prayer

What Should be in a Prayer?

- Short, supportive, and comforting
- Consistent with the patients religious beliefs
- Include what the patient may wish prayer for
- Emphasize thanks for that person, ask for peace and comfort for the patient and family during this time, wisdom and skill for the medical professionals treating the patient

How do I Begin?

- "I don't know if you are a praying person, but would you mind if I said a prayer for you?"
  - Depending on the situation, I will ask the patient, family, or both
- "Many people find prayer helpful. I would be happy to say a prayer for you. Is that something you would like?"
  - If the answer is yes, continue….
- "I can pray for you privately, on my own, or we could pray together now. Which would you prefer?"

Example Prayer

- "Dear God, thank you for Mrs. Smith and her family. Thank you for the love that they have for each other. I pray that you would give them peace and comfort during this time. I pray that you would be with Mrs. Smiths healthcare providers; that you would give them wisdom in taking care of her needs. Amen."

Conclusions

- Whatever you do with, to, or for the patient, do it in a kind, gentle, sensitive, and compassionate manner.
- Treat every patient in the image of God that he or she is
- Serve patients with kindness and loving care showing respect for the person and his or her uniqueness.
- More information and research is needed, as well as consideration in our graduate programs on how to teach and address these issues

QUESTIONS??

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