Making Space for Spiritual Distress in Differential Diagnosis
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Purpose

Recognize importance of including spiritual distress in differential diagnosis

identify potential indicators of spiritual distress in patients
Overview

How do we “make space” for spiritual distress?

Interventions

Q&A

Why address spiritual distress?

Regs require it

Research supports it

All the cool kids are doing it (best practices)

We can’t afford not to since it impacts bottom line

It’s the right thing to do
(Humans) are disturbed not by things, but by the view which they take of them.

The nature of our feelings is largely determined by the way that we think.

~Aaron Beck

The meaning of illness and pain can arise as a greater tyrant than the physical symptoms.

We, collectively, can provide spiritual palliation that will positively impact all involved

(and it’s easier than it may seem!)
How do we “make space”? 

Before we listen....

are we ready to hear receive...

ANYthing they have to say

without our biases getting in the way?
How do we “make space”?  

Herbert Adler  
Therapeutic listening = Hemodialysis

Suffering, differing views, different beliefs, things that tweak us and make our toes curl—if we can’t receive them, we’re not ready.

We clear, reset, and calibrate other clinical measurement devices before we use them.  
We are the diagnostic instrument!

How do we “make space”?  

Can we be receptacles, containers for whatever they may need to express, without being ______?

1) leaf blower—skimming past, minimizing
2) race car
3) deer in the headlights
4) Obi wan Kenobi—positive reframe (gaslight?)
How do we “make space”?

Which describes your best “go to” defense?

A) leaf blower—skimming past, minimizing
B) Obi wan Kenobi—gas-lighting/positive reframe
C) race car
D) deer in the headlights
E) Other?

How do we “make space”?

First, we must be able to hear ourselves.

If I can’t hear my own pain, how will I ever be able to truly consider yours?

You can enter the pain of another
only at the level you can enter your own.

~John S. Savage
How do we “make space”?

Before I can hear I have to be able to be silent.

If I can’t be still and quiet with myself, how can I ever be still and quiet with you?

The best interventions and most refined skills will mean nothing if we are not personally grounded well enough to be able to implement them, even, and especially, when we feel uncomfortable.
What’s your relationship with silence?

A. Yes, PLEASE! Calgon, take me away…
B. Yeah, sure. That’d be nice.
C. Meh, I can take it or leave it.
D. If you insist, but can I browse Facebook during?
E. Um, NO thank you. I’m breaking out in hives even thinking about it so, please DING, turn the page!
Let’s try this...

For what are we listening?

Spiritual Pain—“A pain deep in your soul (being) that is not physical.” (Mako, Galek, & Poppito, 2006)

Not strictly religious or even spiritual language!
For what are we listening?

Questions of existence:
  - Meaning—How do I explain this to my kids?
  - Purpose—I feel so useless.
  - Suffering—Why is this happening?
  - Connection/Legacy—Will my kids remember me?
  - Permanence—Will I live on in some way?
  - Coping—How am I going to get through this?

For what are we listening?

Other Indicators:
  “I don’t know how G_d could do this to me.”
  “I feel so alone.”
  “Nothing makes sense anymore”
    (James Fowler, Stages of Faith)

Hopelessness, shame, abandonment, anger, etc. may all be expressions of spiritual suffering presenting for support.
For what are we listening?

For what are we listening?

Some answer these existential questions and struggles using science and nature or the arts.

Some may use more spiritual ways of understanding and making sense of or coping with these matters.

Still others may turn to more formalized and structured religion.

We must be mindful to hear distress even if it does not come to our ears as decidedly religious language.

For what are we listening?

“For Screening for Spiritual Struggle” (George Fitchett & James Risk, Rush University Medical Center)
Journal of Pastoral Care and Counseling, Mar-June 2009

“Religious Struggle and Its Impact on Health: Implications for Ministry” George Fitchett, December 2006
Case Studies

2 AM On-Call
   Who was the hero of that story?

Redemption—2 views

How do we intervene?

Reflect back onto them rather than provide your own answers:
   “You have years of wisdom inside you; what do you believe?”
   “How is that belief helpful to you?”
   “What rings true for you?”
Non-judgmental responses
Not imposing our values
To pray or not to pray?
   (hospicetimes.com—”When a Patient Asks You to Pray”)
   Autonomy—their journey, not ours
   Boundaries—nothing for our benefit at their expense
How do we intervene?

I hear you.

I can only imagine how hard this is.

Would you like to talk about it?

**Sometimes things seem so unfair. (caution!)**

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How do we intervene?

I am so sorry. (Why not, “…for your loss”?)

Grief needs the real words

Would you like to tell me about him/her?

I wish I had answers. I’m sorry I don’t.

You’re not alone. We’re with you, as much as you would like. We’ll take our cues from you!
Overcoming Barriers to SCC

“Not the Avon lady—they’ve nothing to sell”
“If you come across a judgmental chaplain...”
“They want to know what your beliefs are and help you find your own meaning, comfort, and peace using those beliefs.”
“They aren’t here to replace your clergy...”
“They’re extra eyes and ears to care for mom.”
“May the SCC round/visit with me next time I come?”
Incorporating SCC into IDT

**Why?**
- COMPLIANCE and best practice
- Decrease team burden
- Divide and conquer—joint visits
- Help team morale, decrease compassion fatigue
- Paint the “whole-person” picture at IDT
- Increase cultural competence
- Extra eyes and ears
- Utilize multiple perspectives
- Make use of “the God card”
- PR and marketing

Incorporating SCC into IDT

**How?**
- Elevate role of SCC beyond “pat and prayer”
- Don’t set them up to be “less than” in any way
- Last in the door—what does pt/family need?
- Make space for each discipline to speak at IDT and help them know what to say that is helpful!!
- Educate (AOx3, various forms of dementia, etc.)
- Multi-faith “Centering” and “Moment of Silence”
  “Soul candy”
- Rituals (blessing of hands, memorials, etc.)
- Utilize their skills in crises
Incorporating SCC into IDT

Are new employees oriented to all disciplines?
Do new employees ride-along with all disciplines?
Are all members of the team equally at the table?
Are unique roles of members respected?
Do team members try to wear “too many hats”?
Do team members call on one another for help?
Do team members make joint visits?
Are disciplines called upon equally in crises?
Do pts served by certain team members frequently decline SCC?

Incorporating SCC into IDT

Educate management to hire quality SCCs
   Get clear about minimum requirements
   Get clear about the roles and duties
   Strengths and preferences
   Personality (Myers-Briggs)
   Emotional competency
   Include non-religious team member in interview
   One-trick pony?
   Listen for “tweak areas”
   Pay attention to boundaries
   Ask about self-care
Incorporating SCC into IDT

Empower and train the staff you have!
Track/assess trends in “Chaplain Decline” rates
Advocate for spiritual care
Provide reasonable caseloads
Train team to screen for spiritual pain/distress
Develop “Elevator Speeches”
  Describe spiritual care in 20 seconds or less
Utilize in marketing and outreach
Address hesitations and concerns

Seek opportunities for joint visits
Engage in collaboration of care
  If any other of the team knows, SCC should, too
Customize your POC, even IF decline SCC!!

For SCCs:
  Speak up
  Educate yourself and your team
  Be the SCC to whom they would WANT to refer
  Learn to articulate/demonstrate your value
Conclusion

Get grounded and clear...

Manage our own tweak areas...

Be with them wherever they are...

Let them guide us, then reflect it back to them.

Empower your chaplains, and your team!