

For Listeners of the
*Hope-Filled Healthcare for
Mental Illness*
Audiobook

APPENDIX: RESOURCES YOU CAN USE

WITH THE EXCEPTION OF THE SPIRITUAL DISCHARGE PLANNING Form, which requires information from your location, the following resources can be copied with ease, for use in your own practice. Their background, sources, and suggestions for their use are listed below.

Spiritual/Emotional Health History Questionnaire

Both chaplains and other interdisciplinary caregivers will find enormous diagnostic value in the entire “spiritual/emotional” section of this questionnaire. Practitioners will note that any score below 9 automatically generates a Pastoral Care Consult, because the lower the score, the more likely it is that there is emotional and spiritual distress. Pastoral consults are also generated when a specific spiritual ministry is requested such as prayer or Scripture reading.

As the chaplain follows up with these patient consults or responds to other patient needs or requests, he or she performs a more in-depth spiritual assessment. A key to adequate *spiritual assessment* is learning how to diagnose spiritual distress, which may express itself in toxic religious preoccupation and/or religious confusion or spiritual dilemmas. Examples of a spiritual dilemma are demonstrated by the patient who asks, “Why is God allowing me to suffer? What did I do to deserve this? Why did he give me bipolar illness? Is God punishing me for something?” An even deeper level of spiritual distress may involve spiritual alienation and resistance to belief.

Answers to the Case Management-related questions may also be of great value to chaplains, since there are normally spiritual issues related to psychiatric needs.

H.O.P.E. Assessment Tool

This tool is adapted from Gowri Anandarajah, MD, and Ellen Hight, MD, MPH, “Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment,” *American Family Physician*. For a PDF of this article see: <https://www.aafp.org/afp/2001/0101/p81.pdf>.

Spiritual Self-Assessment Questionnaire

This is a modified version of an assessment tool I created and utilized while working at St. Bernardine Medical Center, San Bernardino, CA, in 1994–95. In this current form it was published (with my permission by Dr. Elizabeth Johnston Taylor in a chapter she wrote on spiritual assessment in Betty Rolling Ferrell and Nessa Coyle, *The Textbook of Palliative Nursing* (New York: Oxford University Press, 2010, 647–23).

Spiritual Discharge Planning Form

You may adapt this tool for your own use without copyright violation. Add local phone numbers or other information.

PATIENT SPIRITUAL/EMOTIONAL HEALTH HISTORY

On a scale of 0–4, where 0 is the lowest and 4 is the highest, how would you rate yourself on the following statements?

TRUST – My faith and beliefs help calm my fears as I enter the hospital

HOPE – I feel hopeful as I enter the hospital

BELONGING – I have helpful support from my family and friends for this hospitalization

Below is the Scoring System Utilized by the Admission Caregiver

Trust: 0 ____ 1 ____ 2 ____ 3 ____ 4 ____
Hope: 0 ____ 1 ____ 2 ____ 3 ____ 4 ____
Belonging: 0 ____ 1 ____ 2 ____ 3 ____ 4 ____

Spiritual Assessment Score: If < 9, then consult automatically sent to Pastoral Care (even if answer to next question is “no”)

Are there spiritual needs we may assist you with? Yes ____ No ____

Spiritual Practice Needs: Prayer _____ Scripture _____
Sacrament _____ Other _____

[Immediately below are additional questions which have distinctly spiritual connotations.]

(Consult will be generated to Case Management for any “yes” answers)

Feel afraid or threatened by someone close to you? Yes ____ No ____
Over the past few weeks have you felt down, depressed, or hopeless? Yes ____ No ____
Thinking of harming yourself? Yes ____ No ____
Harming self comment _____
Notify physician to request psychiatry consult Yes ____ No ____
Have a method available? Yes ____ No ____
Method available comment _____
Remained with patient, requested a sitter? Yes ____ No ____
Is the patient on the Behavioral Health Unit? Yes ____ No ____

H.O.P.E. SPIRITUAL ASSESSMENT TOOL

H: Sources of Hope, meaning, comfort, strength, peace, love, and connection

For some people, having religious or spiritual beliefs are a source of Hope—in dealing with life's ups and downs. Is this true for you?

O: Organized religion

Are you part of a religious or spiritual community or Organization? How is that community helpful (or not helpful) to you?

P: Personal spirituality and Practices

Many find Personal spiritual Practices helpful. Any personal practices beneficial to you? (e.g., prayer, meditation, reading, Scripture, attending religious services, listening to music, hiking, communing with nature)

E: Effects on medical care and end of life issues

What Effect has being ill had on your being able to do those things that usually help you spiritually? Is it easier or more difficult? Is your faith a resource as you face the future?

SPIRITUAL SELF-ASSESSMENT QUESTIONNAIRE

Dear Client,

Below you will find questions and suggested choices to help you identify what your spiritual needs are right now. Your answers will also help us as staff in providing you vital support as you move forward in your spiritual journey. You do not have to respond to every question. Just fill out what is important to you. When you are finished, please hand to your staff contact person.

If you need help with this form, please check here _____, and our chaplain will assist you.

Your Name _____

Your Faith Tradition _____

Your Church (Synagogue, Mosque, Temple) _____

I have recently experienced God (or whatever name you give to a higher power)...

_____ as punishing, hurtful

_____ as not involved in my life

_____ as loving, accepting, helpful

_____ as _____

How I view God (or my higher power) relating to my problems and illness

_____ No help at all

_____ Not much help

_____ Will heal me completely

_____ Will heal me gradually

_____ Will help me find peace and growth, in spite of what won't change

What is the relationship between what you believe and how you behave?

- _____ I don't live up to what I believe
- _____ I live up to my beliefs part of the time
- _____ My life closely reflects what I believe

Who has helped you most to get closer to God (or your spiritual core)? How?

Has someone hurt you in a way related to your spiritual or religious life? In what way?

What beliefs have helped you? In what way?

What spiritual or religious activities have helped you? How?

Has your spirituality changed because of your illness? How? Why?

What do you need most from God/higher power? Your spiritual community?

What is the most important goal in your spiritual life?

MY SPIRITUAL CARE PLAN NEEDS TO INCLUDE THE FOLLOWING:

- Help understanding my spiritual needs
- Hope-building discussions or activities
- Finding meaning and purpose for my life
- Identifying and developing my special spiritual talents
- Finding inner peace, strength, or my spiritual center
- Learning to meditate
- Learning to pray effectively
- Learning to understand Scripture, holy writings
- Finding a supportive spiritual community
- Help in dealing with frightening feelings or thoughts
- To accept forgiveness
- To forgive myself
- To forgive people who have hurt me
- Spiritual help in healing weak or broken relationships
- Healing as I grieve the loss of a loved one or other profound loss
- Other needs

SPIRITUAL DISCHARGE PLANNING FORM

- 1) **For information and help in finding a faith community** (church, temple, mosque), ask for a chaplain at our Pastoral Care Department (xxx) xxx-xxxx. They provide follow-up spiritual care for patients who have been discharged.
 - 2) **For assistance in reading the Bible and/or Bible lessons** contact a chaplain at the above number.
 - 3) **If you need to contact Chaplain _____**, you may reach him or her at (xxx) xxx-xxxx.
 - 4) If you need information regarding a **Grief Recovery program**, call (xxx) xxx-xxxx for location and times of grief support seminars.
 - 5) **If you need spiritually therapeutic reading materials**, contact Chaplain _____ at the number listed above (#3).
 - 6) Other helpful phone numbers:
Alcoholics Anonymous – (xxx) xxx-xxxx
Narcotics Anonymous – (xxx) xxx-xxxx
- You may call those numbers for meeting locations and/or for information regarding support groups (**Alanon** and **Narconon**) for families of individuals suffering from addiction.
- 7) **Other Suggestions:** (to be supplied by the discharge planner)

Practical (Patient) Spiritual Self-Care Suggestions:

- **Finding a religious community:** Attend several different worship communities (churches, synagogues, temples) until you find a good “fit” for your emotional, social, and spiritual needs. Try each location two or three times to get an accurate idea of its character. Avoid preaching that frightens or coerces you, cults that try and control what you think and do, and churches that are too showy—or seem overly emphatic about fund raising or money.
- **How to read, study, or meditate upon sacred Scripture:** Treat Scripture like sitting down for a meal. Select passages to read that will most likely feed you (ask for help if you need to). Don’t concern yourself with what you don’t understand (put that on the back burner for now). Keep reading until you find something that does speak to your heart and touches you with God’s mercy and love. God’s Spirit may challenge you at times to grow, but he never puts you down or causes you despair. If you feel loved, cherished, and hopeful, then it is God speaking through that Scripture. Take time to carefully “chew” and “digest” what you read, carrying it in your heart throughout the day. Jot down a few notes if that helps. Journaling can be a form of prayer or response to what you read—as you apply it to your life situations.