

# Spiritual Care Community of Practice Series 2

Cultural sensitivity: how to approach the conversation around spirituality



**Facilitator:** Diana Vincze, Pallium Canada

**Presenter:** Adriana Rengifo, MA, RP, G.D., Bioethics

**Date:** October 22, 2024

# Territorial Honouring

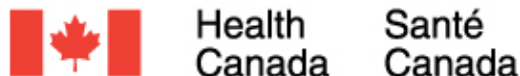


# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.



Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-core](http://www.pallium.ca/course/leap-core)

# Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	How psychotherapy modalities can facilitate spiritual care in the palliative care context	August 20, 2024 from 1-2pm ET
Session 2	Cultural sensitivity: how to approach the conversation around spirituality	October 22, 2024 from 1-2pm ET
Session 3	Spiritual nature of living our losses part 1	November 26, 2024 from 1-2pm ET
Session 4	Spiritual nature of living our losses part 2	January 21, 2025 from 1-2pm ET
Session 5	Spirituality of Grief and Bereavement	February 18, 2025 from 1-2pm ET
Session 6	MAID Bereavement	April 8, 2025 from 1-2pm ET

# Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the Q&A function to ask questions , they will be addressed towards the end of the session.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This session is being recorded and will be emailed to registrants within the next week.

# Disclosure

Relationship with Financial Sponsors:

## **Pallium Canada**

- Not-for-profit
- Funded by Health Canada

# Disclosure

## **This program has received financial support from:**

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

## **Facilitator/ Presenter:**

Diana Vincze: Palliative Care ECHO Project Manager, Pallium Canada.

Adriana Rengifo: MA,RP,CSCP: nothing to disclose

Sheila Atkinson, RP, MDiv: nothing to disclose

Oceanna Hall: nothing to disclose

Christine Enfield: nothing to disclose

Peter Barnes, D.Min, CCC, SEP: nothing to disclose



# Disclosure

## Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

# Introductions

## Facilitator:

### **Diana Vincze**

Palliative Care ECHO Project Manager, Pallium Canada

## Presenter:

### **Adriana Rengifo, MA, RP, G.D., Bioethics**

Registered Psychotherapist (CRPO)

Clinical Supervisor (CRPO)

Certified Spiritual Care Practitioner (CASC/ACSS)

Clinical Chaplain, Palliative and Complex

Care Programs at Bruyère Health, Ottawa, ON

## Panelists:

### **Peter Barnes, D.Min, CCC, SEP**

Psychospiritual Therapist

Spiritual Pathways, Private Practice. CASC/ACSS

(certified) CCPA (certified)

### **Oceanna Hall, M.Div., M.Ed., RCH**

Spiritual Health Practitioner, Certified CASC Clinical Specialist

End of Life, Palliative, MAiD and Bereavement

Spiritual Health Practitioner, Island Health Authority, Saanich

Peninsula Hospital Vancouver Island, BC

### **Sheila Atkinson, RP, MDiv**

Certified Spiritual Care Practitioner (CASC),

Registered Psychotherapist (CRPO),

Grief Support Coordinator, Pathways Grief

Support Program, Paediatric Advanced Care Team

(PACT), SickKids, Toronto, ON

### **Christine Enfield, M.Div.**

Spiritual Health Practitioner, Tertiary Palliative Care

Unit, Covenant Health, Edmonton, Certified Spiritual

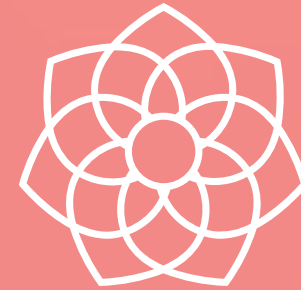
Care Practitioner (CASC/ACSS)

# Session Learning Objectives

Upon completing the session, participants will be able to:

- Identify two Pillars of *Spiritually Integrated Psychotherapy* for tending to images, stories, and experiences that people use to highlight the relevance of their spirituality in care conversations.
- Recognized and respond to explicit and implicit spiritual themes in conversations around spirituality.
- Appreciate evidence-based interventions and multi-faith perspectives in working with people of different cultural backgrounds and their spirituality in Palliative and Complex Care.

# Cultural sensitivity: how to approach the conversation around spirituality



# Conversations Around Spirituality Using Two Pillars of SIP:

In spiritually integrated psychotherapy there is a focus on relationships and an understanding that human suffering is located within relationships.

The two pillars of SIP:

1. Move towards the client's spirituality
2. Draw upon – but don't impose – our own spirituality, when facilitating conversations around spirituality
  - Psychologist Kenneth Pargament (2007) writes, “ When people walk into the therapist's office, they don't leave their spirituality behind in the waiting room. They bring their spiritual beliefs, practices, experiences, values, relationships and struggles along with them. Implicitly or explicitly, this complex of spiritual factors often enters the process of psychotherapy” (p.4)

# Cultural Sensitivity:

“Learning to listen for referents to spirituality in the spontaneous flow of a clinical dialogue has been the most critical skill for initiating dialogue about spirituality. Listening, not asking, usually is the greater priority”. (Griffith, 2010. p.62)

Can be demonstrated by clinicians/spiritual care practitioners:

- By attuning their non-verbal behavior to clients/patients as they express themselves using spiritual and or religious language.
- Curiosity
- Humility
- Openness

# Explicit and Implicit Spiritual Themes

Explicit spiritual themes:

- “I wonder why God is punishing me.”
- “Since all this happened, I haven’t been able to pray.” (Jones, 2019.p.52)

You could respond:

- “How do you mean?”
- “Not being able to pray...how’s that affecting you?” (Jones,2019.p.52-53)

Implicit spiritual themes can be identified in two ways during clinical interventions/conversations: by raising question that point to a deeper dimension for the client and by beings sensitive to spiritual responses from their client. Turn on their spiritual radars.

# Spiritual Interventions

## Four Dimensions

Explicit Spiritual Resources	Implicit Spiritual Resources
<b>Internal Resources:</b> Sense of connection with God Beliefs Meditation Practice	Sense of Purpose Courage Hope
<b>External Resources:</b> Faith Leaders Sacred places (Temple) Meditation Group Faith Group	Nature Family Social Groups Dance Group



# Evidence Based Interventions

- Psychiatry's John Peteet (2020.p.206) writes, " *Existing research (Sinclair, Mesa & Hagen, 2009) has shown that spiritual care programs that are centrally located within the cancer centre, reflect a multi-faith approach, provide guidance for senior leaders, and more often viewed as an integral component of interdisciplinary care.*"
- *Spiritual needs of advanced cancer patients, defined as both distressing spiritual struggles and spiritual seeking (e.g., thinking about what gives meaning to life, seeking forgiveness, etc.) were found by Winkelman, Lauderdale, and Balboni (2011) in 86% and by Pearce, Coan, Herndon, Koenig, and Abernethy (2012) in 91% of patients studied.*
- Breitbart et al. (2010) piloted a group intervention based on Viktor Frankl's Logotherapy and along with Lee, Robin Cohen, Edgar, Laizgner, and Gagnon (2006), demonstrated improvements in self-esteem, self-efficacy and optimism compared to controls utilizing a four-session individual intervention designed to explore existential issues by exploring meaning making coping strategies." Peteet (2020.p.206)

# Spiritual Conversations in Palliative Care

## Multi-faith Perspectives

- The Protestant Perspective
- The Hindu Perspective
- The Catholic Perspective
- The Islamic Perspective
- The Jewish Perspective
- The Native American Perspective
- The Buddhist Perspective

# References

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- Griffith,J.(2010).*Religion that heals, religion that harms: A guide for clinical practice*. New York,NY:Guilford Press.
- Jones,R.S.(2019). *Spirit in session: Working with your client's spirituality (and your own) in psychotherapy*. West Conshohocken, PA: Templeton Press.
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- Doehring, C. (2014). *The practice of pastoral care: A postmodern approach*. Presbyterian Publishing Corp.

# Questions/Discussion



# Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Join us at our next session scheduled for November 26<sup>th</sup> 2024 from 1 to 2pm ET on the topic of the **Spiritual nature of living our losses part 1.**
- Thank you for your participation!

# Thank You



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