

INTRODUCTION

IT IS INCREASINGLY RECOGNIZED THAT spirituality plays an important role in service provision. For many clients, spirituality is intrinsically connected with health and wellness. To optimize services for such clients, it is necessary to take spirituality into account during service provision (Koenig, 2013).

This recognition has resulted in healthcare professionals seeking to address spirituality in practice settings, a process that begins with the administration of a spiritual assessment. Spiritual assessment can be defined as the process of gathering, analyzing, and synthesizing information about spirituality into a multidimensional framework that provides the basis for future clinical decisions (Hodge, 2013a). Understood in this sense, assessment provides the foundation for all subsequent practice interactions.

The resulting information may be used to assist clients in overcoming obstacles, preventing relapse, and promoting well-being. Interventions designed to enhance coping, ameliorate problems, and aid recovery flow from the data obtained during assessment. Barriers that inhibit effective service delivery can be removed, and assets that facilitate successful outcomes can be operationalized.

How information obtained from a spiritual assessment is used in a specific clinical context varies from case to case, depending on factors such as the practice setting, the practitioner's theoretical orientation, and the client's interests and needs (Canda & Furman, 2010). For example, adapting services for clients from vulnerable populations, for whom spirituality is often particularly important, can play an instrumental role in achieving positive outcomes. Although applications vary, it is the assessment that

provides the necessary information to optimize the services delivered. Put differently, the failure to administer a spiritual assessment can impair clinical effectiveness and, in some cases, exacerbate problems.

Different types of spiritual assessments exist (Holloway & Moss, 2010; Draper, 2012). Broadly speaking, these different methods can be classified into two categories: qualitative and quantitative. Although quantitative assessments can be productively employed in many practice settings, they are characterized by significant limitations, particularly when used with subjective constructs such as spirituality. These shortcomings limit their validity but do not preclude their use, as will be discussed in further detail in chapter 11.

To obtain clinically valid information, spiritual assessment is best conducted with qualitative assessment approaches (Narayanasamy, 2010). These approaches tend to be individualistic, ideographic, holistic, open-ended, and process oriented (Hodge, 2001a). As such, they are particularly appropriate for exploring clients' spiritual reality. The depth, quality, and richness of information that these approaches tend to produce effectively position practitioners to optimize service provision in an ethical manner that is consistent with disciplinary norms. Consistent with this understanding, a qualitative frame is assumed throughout most of this book.

A TRANSDISCIPLINARY APPROACH

Contemporary work on the topic of spiritual assessment can be traced back at least as far as Pruyser (1976), a clinical psychologist at the Menninger Clinic. Seminal scholarship on spiritual assessment has also been conducted in fields other than psychology, including nursing (Stoll, 1979), pastoral care (Fitchett, 1993), and social work (Bullis, 1996). More recently, work on this and related topics has appeared across the helping professions.

Previous scholarship, however, has been criticized for its disciplinary focus (Fitchett, 2012; Praglin, 2004; Ross & McSherry, 2010). These commentators have noted that much of the extant scholarship has tended to be conducted in distinct professional silos. To advance the field, these writers suggest a more cross-disciplinary approach.

In keeping with these recommendations, this book incorporates content from a wide variety of fields. It draws heavily from the social work literature, but this literature is integrated with scholarship from other disciplines

to help clarify and disseminate best practices in the assessment of spirituality in a wide variety of practice settings.

As a result, practitioners from a number of disciplines may benefit from the book. Helping professionals who may find the text useful include social workers, marriage and family therapists, counselors, and psychologists. Nurses, chaplains, and physicians who are working in hospitals and other healthcare settings that require spiritual assessments might also benefit. Other professionals who might profit include those who work in areas where spirituality is often a salient dimension of practice, such as addictions, gerontology, and hospice.

In line with this transdisciplinary approach, the word practitioner is typically used as a proxy for helping professionals more generally. This term is commonly used in social work but also has applicability in other fields. Likewise, the philosophical perspectives that inform the text are also transdisciplinary in nature.

UNDERLYING PHILOSOPHICAL PERSPECTIVES

The approaches to spiritual assessment presented in the book are informed by two broad philosophical perspectives. These related movements are labeled differently in various disciplines. The first stresses the role of assets and resources in the promotion of health and wellness; the second affirms the social construction of reality and is commonly referred to as constructivism.

The importance of assets and resources in service provision has been noted in social work (Saleebey, 2013), marriage and family therapy (DeFraen & Asay, 2007), counseling (Smith, 2006), psychology (Snyder, Lopez, & Pedrotti, 2011), nursing (Cederbaum & Klusaritz, 2009), and other disciplines. This movement, which encompasses the *strengths perspective* in social work and *positive psychology* in psychology, seeks to reorient the helping process. Instead of focusing on deficits and pathologies, the movement aims to help clients deal with challenges by concentrating on their capabilities. In counseling, for instance, the therapeutic process centers on exploring, unearthing, and marshaling clients' strengths to help them overcome their challenges. In almost any practice setting, identifying and operationalizing strengths helps clients cope with, if not overcome, the obstacles they face.

Constructivism refers to a way of knowing that has its roots in postmodernism (Denzin & Lincoln, 2013). This epistemological framework posits that people construct their worldviews. Human beings, individually and corporately as social groups, construct their realities in unique, individualistic manners. Various factors inform the creation of these worldviews, one of which is spirituality. As a result of this process, it is assumed that everyone has a limited understanding of the world. No one has a completely objective understanding of reality.

Spiritual assessments are perhaps best administered using a constructivist theoretical framework. A number of assumptions about the nature of the helping relationship flow from this perspective. These suppositions are largely shared by the strengths perspective, which affirms similar notions about how best to operationalize practitioner/client interactions (Saleebey, 2013).

Specifically, hierarchical relationships that privilege practitioners' status are avoided in favor of egalitarian relationships in which clients are considered to be experts on their own situations. Treatment goals are co-constructed, and clients' strengths, as opposed to deficits, are understood to be central to the helping process. Also stressed is empathic respect for divergent constructions of reality and a belief in the power of the clinical dialogue to engender empowering narratives (Slife & Williams, 1995).

Informed by these assumptions, spiritual assessments are organized around understanding how spirituality shapes functioning (Shafranske, 2005). The aim is not to determine the correctness of clients' beliefs, values, and practices but rather how they influence functioning related to service provision. Put differently, assessment focuses on the *viability*, as opposed to the *validity*, of clients' worldviews. In turn, this understanding lays the foundation for tailoring service provision to assist clients in achieving their goals. As implied above, these two philosophies—the strengths perspective and constructivism—provide the philosophical foundation for operationalizing the approaches to assessment contained in the book.

Another important influence that informs the work is the evidence-based practice movement (Thyer & Myers, 2010). Originating in the field of medicine, this evolving transdisciplinary movement emphasizes the provision of effective services. Key concepts in evidence-based practice are client preference, clinical expertise, and cultural competency, in tandem with an evaluation of relevant research (Hodge, 2011b). Although research on the topic

of spiritual assessment is limited, practice-oriented research is incorporated into the text to the fullest extent possible (Jordan & Franklin, 2011).

THE FORTHCOMING TERRAIN

People have different backgrounds, experiences, and interests. Just like there is no single, perfect approach to spiritual assessment, there is no one correct way to get the most out of a given book. Some readers may wish to skim or skip certain content or chapters relating to concepts with which they are already conversant. Others may want to focus on a chapter featuring an assessment approach that is particularly germane to their situational context. Readers should approach the book in a manner that maximizes their ability to get the most out of it.

Chapter 1 begins by discussing how spirituality and religion are commonly understood, both in professional discourse and among potential clients. Chapter 2 asks the question: why should practitioners administer spiritual assessments in light of the many time constraints they typically encounter in clinical settings? Six intertwined rationales are offered in response: (1) to ensure compliance with professional ethics codes, (2) to respect clients' basic human rights, (3) to honor client autonomy, (4) to identify and operationalize spiritual strengths, (5) to provide culturally relevant services, and (6) to adhere to professional standards for good practice, as articulated by various accrediting bodies and professional organizations.

With this foundation in place, chapter 3 introduces the concept of a two-stage assessment, in which a brief assessment is followed, if clinically warranted, by a comprehensive assessment. A number of different brief assessment approaches are reviewed—including the newly developed iCARING model—and process suggestions are offered to facilitate a successful brief assessment. Chapter 4 offers guidelines to help decide if a brief assessment is sufficient or if the administration of a comprehensive assessment is clinically warranted.

To move beyond a one-size-fits-all approach to assessment, chapters 5 through 9 present five modally different approaches to comprehensive assessment: one completely verbal approach (spiritual histories) and four diagrammatic methods (spiritual lifemaps, spiritual genograms, spiritual eco-maps, and spiritual ecograms). To assist readers in understanding the various tools, each chapter includes a conceptual overview of the

method, a case example to help practitioners understand and operationalize the assessment in practice settings, and a discussion of the method's respective strengths and limitations. Chapter 10 features an alternative method—referred to as an implicit assessment—for use when the previous approaches may be ineffective. The chapter concludes by presenting a model to integrate an implicit assessment with the other approaches, resulting in a comprehensive framework for thinking about assessment, from a brief assessment through to the use of various comprehensive methods.

The idea is to develop an assessment toolbox that comprises these various methods. Both practitioners and clients have a variety of needs and interests that vary from case to case, including the nature of the presenting challenge, the amount of time available for assessment, and clients' cultural backgrounds. Having a toolbox allows practitioners to select the approach that best suits the needs of their clients.

Chapter 11 provides additional suggestions on conducting a comprehensive assessment. Guidelines are presented for selecting among comprehensive approaches, using quantitative instruments in clinical settings, and dealing with spiritual countertransference and what might be called faux spiritual direction. The chapter ends by discussing the benefits that flow from collaborating with clergy. The concluding chapter reiterates the book's major themes and offers ideas for building on the themes in the areas of research, practice, and education.

This journey begins, however, with a discussion of spirituality. To effectively administer spiritual assessments, it is necessary to understand what is commonly meant by the term *spirituality*. This is important because the conceptualizations people employ serve to guide and direct their inquiries. Common conceptualizations are presented in chapter 1. More specifically, the chapter discusses the relationship between spirituality and religion, reviews common understandings of these constructs among both scholars and the American public, and provides a working template to think about spirituality and religion in the context of conducting spiritual assessments.

*SPIRITUAL ASSESSMENT IN SOCIAL WORK
AND MENTAL HEALTH PRACTICES*

