

The FACT Spiritual History Tool

Mark LaRocca-Pitts, PhD, BCC
Athens Regional Medical Center
Athens, Georgia

Introduction: I am a staff chaplain at Athens Regional Medical Center in Athens, GA. My responsibilities include the Chair of our Ethics Committee and the following clinical assignments: oncology, pulmonary, cardiac, cardiovascular, neuroscience, L&D, CCU, CVICU and NICU. I am a Board Certified Chaplain (BCC) with the Association of Profession Chaplains (APC) and serve on APC's Quality Commission. This spiritual history tool is cited as a standard of practice with the APC (<http://www.professionalchaplains.org/>) and was first published in PlainViews, an e-Journal for professional chaplains (<http://www.plainviews.org/v5n8/lv.html>).

Background: Why do we need another spiritual history tool with a nifty acronym? None of the spiritual history tools currently in our literature make explicit an objective "treatment" option that includes referral. Most of the tools developed by physicians (e.g., FICA, FAITH, HOPE, SPIRIT, CSI-MEMO) include follow up only implicitly and often involve the HP (healthcare practitioner) in a direct personal manner (e.g., How can I help you?), which makes some HPs uncomfortable. As for the assessment tools developed by chaplains, they certainly include treatment and referrals, but are often overly complex, involve specialized training, and require more time to administer.

Questions for Discussion:

- Who can use this tool?
- When should this tool be used?
- What makes one spiritual history tool better than another?
- What are the pros and cons of asking the patient if he or she wants to see a chaplain?
- How can using a spiritual history tool such as FACT facilitate cross-cultural and cross-linguistic spiritual care?
- What is the role of spiritual care in healthcare today?
- How should spiritual care be provided in healthcare settings? By whom?

Discussion: Any properly trained healthcare practitioner can use the FACT Spiritual History Tool in their clinical setting. This tool includes three questions (Faith, Availability and Coping) plus an outcome (Treatment). It can form part of a larger clinical intervention, such as an H&P, admission screen, or spiritual assessment, or can be used as a stand-alone intervention. This tool proves most effective when used conversationally, instead of as a checklist.

The FACT Tool is for taking a spiritual *history*. A spiritual *history* seeks to understand how a person's spiritual history affects their ability to cope with their present healthcare crisis and is more involved than a spiritual *screening*, which normally occurs at admission and is aimed at spiritual needs and how to meet them. If the spiritual *history* presents concerns in the patient's ability to utilize their spirituality successfully, then a spiritual *assessment* is recommended, which is a more in-depth investigation into the patient's spiritual life and history, and is best conducted by a qualified clinician, such as a professional chaplain.

Faith or spirituality is a *fact* in the lives of many people. It is also a *fact* that many people use their faith or spirituality to cope with a health crisis. Finally, it is arguably a *fact* that a person's faith or spiritual practice affects their clinical outcomes. The FACT Spiritual History Tool provides a quick and accurate determination of whether a person's current health crisis impacts their spiritual well-being and suggests a treatment plan if needed.

A Spiritual History Tool: FACT

An acronym for healthcare professionals when taking a spiritual history: FACT.

- F – Faith or Beliefs
- A – Availability, Accessibility, Applicability
- C – Coping or Comfort
- T – Treatment Plan

Specific questions that may be asked to help discuss each element of the tool.

- F:** What is your faith or belief?
Do you consider yourself spiritual or religious?
What things do you believe that give your life meaning and purpose?
- A:** Is support for your faith available to you?
Are you part of a religious or spiritual community?
Do you have access to what you need to apply your faith (or your beliefs)?
Is there a person or a group whose presence and support you value at a time like this?
- C:** How are you coping with your medical situation?
Is your faith (your beliefs) helping you cope?
How is your faith (your beliefs) providing comfort in light of your diagnosis?
- T:** Treatment Plan
1. Patient is coping well
 - a. Support and encourage
 - b. Reassess at a later date
 2. Patient is coping poorly
 - a. Depending on relationship and similarity in faith/beliefs, provide direct intervention: spiritual counseling, prayer, Sacred Scripture, etc.
 - b. Encourage patient to address these concerns with their own faith leader
 - c. Make a referral to the hospital chaplain (DO NOT ask if patient wants referral—let the chaplain do own assessment!)

Some general guidelines to remember when taking a spiritual history.

1. Faith is already a **FACT** affecting the lives and healthcare choices for many patients and most already utilize faith-based practices as complementary treatment modalities: healthcare professionals need to assess how it impacts their treatment choices.
 2. A spiritual history is not about *what* a person believes; it is about how their faith or belief *functions* as a coping mechanism.
 3. Respect the privacy of patients with regard to their spirituality; do not impose your own beliefs.
 4. Make referrals to professional chaplains, spiritual counselors and community resources as appropriate.
 5. Your own spirituality can positively affect the clinician-patient relationship. Remember: "Cure sometimes; relieve often; comfort always." Addressing spiritual concerns with your patients can provide comfort. In itself, it is a therapeutic intervention.
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