Spiritual Care for Families Coping with Sudden Loss and Bereavement

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Bentur, N. & Resnizky, S. (2009). *Spiritual care in Israel*. RR-530-09 (Hebrew)

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Abstract

Background

Spiritual care aims to lend people in crisis and distress moral support, a sympathetic presence, and an attentive ear while relating to their spiritual resources. This is a relatively new professional area in Israel and to date, it has been offered mainly to people in end-of-life situations (to the terminally ill), to patients in hospitals, and to elderly in old-age homes and daycare centers. However, in 2012-15 JDC-Israel Ashalim, along with senior government officials from various ministries, notably the Ministry of Education and the Ministry of Labor, Social Services and Social Affairs (MOLSA) conducted a learning and development process of the topic to integrate the service into Ashalim's work with its target populations. What emerged from the process was a need for MOLSA to devise new responses for families experiencing sudden loss and bereavement, to help them cope and provide support. As a result, MOLSA and Ashalim developed the Makom Lanesha(i)ma Program (Breather-for-the-Soul Space), which operated from 2016 to 2019. The goal was to help families cope with their grief following incidents of motor accidents, suicide and murder, by drawing on the conceptions and tools of spiritual care. The response was made available to families at MOLSA's help centers and was implemented by the Elah Center for coping with loss, and by the Beshvil Hahayim (Path to Life) NGO.

Ashalim and MOLSA subsequently asked the Myers-JDC-Brookdale Institute to evaluate the program. The study took place in 2016-19.

Study Goals

The goals of the study were to examine the contribution of spiritual care to bereaved families and to monitor the program's assimilation at the help centers.

Methodology

The study employed mixed methods research. It collected quantitative data by means of the Meitarim assessment questionnaire on the state of an individual faced with sudden loss and bereavement. The questionnaire was expressly developed for the study and transmitted to family members at both the start and the end of the process of spiritual care. In addition, qualitative interviews were held with the recipients of the support, the spiritual practitioners, the social workers at the help centers, and other professionals.

Main Findings

Both the qualitative and quantitative findings attest to the important contribution of spiritual care to bereaved families. The practitioner aims to "be there" for an individual wherever "they're at," and to validate the personal needs of family members, including the need to share their difficult experience of loss. The study findings indicate that while there are no therapeutic goals focused on functioning per se, family members noted that in wake of the process of spiritual care, they had changed their behavior in various areas of life, such as in the spousal relationship and in parenting. The change impacted on the behavior of the family as a whole and was reflected in the general atmosphere at home. These findings on improvement in the situation of family members were borne out by the Meitarim assessment questionnaire.

The interviews were conducted over three-and-a-half years of program activity. They revealed growing recognition of the area of spiritual care and considerable change in the attitude of social workers at the help centers and of other professionals in the area of sudden loss and bereavement. Their exposure to the topic in concentrated study days, the close professional training provided to spiritual practitioners and, especially, the personal acquaintance and relationships developed with social workers at the centers contributed to the gradual assimilation of spiritual care and substantially increased the number of referrals made to this new type of care.

Recommendations

To sustain the service as an integral part of the basket of responses provided to bereaved families at the help centers, the following steps are recommended: Social workers should have the benefit of further exposure to the area of spiritual care; their personal and professional relationships with the spiritual practitioners should be strengthened and clear mechanisms should be put in place for the management of ongoing contact; the group component of spiritual care should be further developed; and the program should continue to be disseminated to different populations countrywide.

Similarly, it is important to continue to extend the support provided by authorized spiritual practitioners to additional relevant populations and areas of service, such as trauma, domestic violence, children and youth at risk, and so forth.

Executive Summary

Background

The area of loss and bereavement at the Service for Individual and Family Welfare, in the Ministry of Labor, Social Services and Social Affairs (MOLSA), was established in 2009 with the aim of supporting and helping family members who had lost a dear one to murder, motor accidents or suicide. The help and support were provided at 12 centers for sudden loss and bereavement in a regional and topical format, at first separately according to type of loss, and from 2017, in concentrated form of three types of loss. In this framework, a regional coordinator accompanied the families who were able to choose from a variety of treatments such as psychological therapy, art therapy, and more.

Spiritual care is focused intervention to help individuals identify and strengthen their spiritual resources to serve them as a mainstay in times of crisis. It is meant to help individuals preserve their personal identity in life-threatening situations, to construct meaning and create hope in situations of distress and loss. It has its own language and tools to help recipients connect with their spiritual resources and healing strengths. It was developed in Israel in various frameworks that address mainly end-of-life situations, illness and crises. In recent years, however, the method has made inroads into additional frameworks (such as old-age homes and daycare centers) and into the treatment of additional populations in the community as a beneficial concept and tool to help cope with trauma and crisis, loss and bereavement, and transitional stages in the overall life cycle.

At the initiative, and with the support, of the Jewish Federation of New York, JDC-Israel Ashalim conducted a learning and development process on the topic of spiritual care in cooperation with senior government officials from various ministries, notably the Ministry of Education and MOLSA. In January 2012 a group of professionals was established to study the topic and examine its relevance to Ashalim's activities. In 2013 an inter-disciplinary, inter-ministerial committee was created comprised of Ashalim and government professionals, which – in keeping with Ashalim's target populations – yielded several "pre-pilots" that operated in 2014-15. These projects focused on youth at risk, families affected by the sudden (civilian) death of a loved one, Ethiopian-Israeli parents who in their youth and childhood had made the arduous journey to Israel via Sudan, and social workers treating parents of children with disabilities.

Following the learning process with senior government officials, a decision was taken to extend the program to the centers of sudden loss and bereavement (hereafter: help centers). In 2016, the Makom Lanesha(i)ma Program was launched, using the tools of spiritual care to help individuals and families who had experienced sudden loss and bereavement due to motor accidents, suicide or murder.

Ashalim and MOLSA asked the Myers-JDC-Brookdale Institute to conduct an evaluation study of the program. The study was conducted in 2016-19.

Goals

The evaluation study accompanying the program had four main goals:

1. To examine the characteristics of the recipients of spiritual care
2. To learn how spiritual care helped bereaved families, both adults and children, to cope and function
3. To examine the extent to which spiritual care has become an integral part of the basket of responses at the loss and bereavement centers; i.e., how the service is perceived by both professionals and recipients, and what factors inhibit or encourage service utilization
4. To examine the reliability of the Meitarim questionnaire to asses the state of an individual coping with sudden loss and bereavement, which was developed on the basis of existing tools by Dr. Ilan Sharif[1] of MOLSA's Division for Individual and Family Welfare, and Carmit Sela[2] of the Enosh NGO

Methodology

The study employed the mixed methods model of qualitative and quantitative research:

1. Semi-structured interviews were conducted with 66 interviewees: 21 recipients of spiritual support, 16 spiritual practitioners, 3 professional counselors, and 26 professionals (staff of the help centers, managers of the NGOs operating the centers, MOLSA representatives, and members of the implementation staff). Two interviewees were interviewed twice – at the start of the program and

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[1] Ilan Sharif (PsyD), Director of Family Loss and Bereavement, Division for Families, Children and Youth in the Community, MOLSA.

[2] Carmit Sela, MSW, Manager of Research Emergency and Resiliency, Regional Manager west Galilee branch, Enosh Association. At the time that the questionnaire was composed, she managed Meitarim Tzafon, a help center for families bereaved as a result of suicide, at Enosh. She is currently pursuing a doctorate at the University of Haifa.

near its end. In total, 68 qualitative interviews were conducted, spread over three-and-a-half years (2016-19), to examine how the assimilation of the service changed as the program progressed.

2. The quantitative tool – The Meitarim questionnaire was developed by members of the program's implementation staff, Dr. Ilan Sharif and Carmit Sela, with the cooperation and assistance of the research team. The questionnaire consisted of 18 closed questions on a scale of 1 ("very poor") to 5 ("very good") related to functioning in various areas of life, such as work, the spousal relationship, and parenting, alongside questions on the continued spiritual connection with the deceased, as well as questions related to functioning, to relationships, to the construction of meaning, and to suicidality. It was developed on the basis of existing questionnaires, among other things, on Rubin's two-track model of bereavement (Rubin, 1999)[3] and on Prigerson's examination of traumatic grief (Prigerson et al., 1996).[4] In the analysis of the questionnaire's internal reliability, the tool was reduced to 13 items, divided into two main measures – the emotional and general state of health (nine questions) and the spiritual connection with the deceased (four questions). The level of internal reliability of the tool was found to be high – alpha 0.853.

   To examine the distinctive contribution of spiritual care to people experiencing loss and bereavement, all the recipients of spiritual care and other forms of therapy at the help centers should have completed the questionnaire at the start and near the end of the process. However, only in spiritual casework was a sufficient number of end-questionnaires collected to make possible an examination of the contribution.

Findings

Contribution of spiritual care to recipients

The personal interviews with recipients of spiritual care attested to the substantial contribution of the process to them personally, and to their families. Recipients stated that the process had lent them full legitimacy to speak of their personal needs and of the experience of grief and bereavement. For many of them, the spiritual practitioner had served as the sole resource with whom to share, and from whom to

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[3] Rubin, S. (1999). The two-track model of bereavement: Overview, retrospect and prospect. Death Studies, 23(8), 681-714

[4] Prigerson, H.G., Bierhals, A.J., Kasl, S.V., Raynolds, C.F., Shear, M.K., Newson, J.T., & Jacobs, S. (1996). Complicated grief as a disorder distinct from bereavement-related depression and anxiety: A replication study. American Journal of Psychiatry, 153, 1484-1486

receive validation of their own needs versus the needs of their family. Furthermore, recipients reported considerable improvement in their functioning in such areas as studies, work, the spousal relationship, and parenting. The improvement in their personal behavior was reflected in the atmosphere at home and in the functioning of other family members, too, whether spouses or children. These behavioral changes are particularly impressive since spiritual care, unlike other therapies, does not purport to impact on an individual at the functional-practical level.

For the recipients of spiritual casework, the comparative findings of the Meytarim assessment questionnaire, too, at the start and end of spiritual care showed improvement. At the end of the process, the average individual score showed statistically significant improvement (about 0.5). The improvement applied to the average score for all 13 items and to the scores obtained for each of the two measures into which the questionnaire items had been divided.

As noted above, since the end-of-process questionnaires for recipients of other therapies were few in number, no comparison could be made of the impact of spiritual care and the changes effected by other therapeutic processes.

The assimilation of spiritual care at the help centers

Another goal of the study was to examine if and how spiritual care had become an integral part of the service at the help centers. To examine the extent of its assimilation, we compared several related aspects such as the process of referral to the service, the attitude of staff at the center to spiritual care, the ongoing relationships and so forth, as these emerged from the qualitative interviews in the three-and-a-half years of the program.

The analysis of the interviews shed light on the change in attitude of the staff at the help centers to spiritual care. If, at the start of the process, they had been resistant and skeptical, towards the end of the process they indicated a growing sense of acceptance of, and faith in, spiritual care and the spiritual practitioners. This change was reflected in, among other things, the number of referrals to the service which rose from 30 in the first year-and-a-half, to 51 in 2018, and 117 in 2019. Similarly, the number of practitioners nearly doubled – from 14 at the start of the program to 27 towards the end. Thus, far from a “boutique solution” offered only to a handful of clients deemed suitable, spiritual care became one of the services provided at most of the centers to many family members seeking help and support.

Several factors conspired for center staff to accept and recognize spiritual care as a legitimate professional area for the treatment of individuals in situations of sudden loss and bereavement. The most salient of these were the exposure of center staff to spiritual care, on the one hand, and the learning about sudden loss and bereavement by spiritual practitioners, on the other , the close, rigorous professional training provided to practitioners as part of the program, the successful integration of the program at the national level in the form of a single coordinator, and the introduction of structured mechanisms for personal acquaintance and relationships between the center staff and the spiritual practitioners.

Conclusion and Recommendations

The study findings point to the substantial contribution of spiritual care to recipients, which finds expression in their sense of personal well-being and in personal and familial behavioral changes. This finding is noteworthy given that the primary intent of spiritual care is above all "to be there for the individual wherever they're at"; it does not purport to bring about functional-behavioral change as is the case with other therapies. Therefore, it is important that the assimilation of spiritual care by authorized spiritual practitioners continue with respect to additional populations and to additional areas of treatment, such as trauma, domestic violence, children and youth at risk, and so on.

The various professionals interviewed over the three-and-a-half years of the program attested to the gradual assimilation of spiritual care at the help centers. It was reflected in the growing sense of faith on the part of center staff in the work of spiritual care at the centers, and in its concrete expression in the increase of referrals for this form of support over the years.

Several aspects, however, do require further development and attention for the centers to successfully assimilate spiritual care:

- **Professional training**: All the practitioners indicated a need for continued professional training for purposes of consultation and "ventilation," given the difficult, complex feelings that accompany their work at times.
- **Management and coordination** of the area of spiritual care: For the assimilation of spiritual care to be successful, a specific party should continue to oversee it at the national level.
- **Continued exposure and learning**: Both help center staff and spiritual practitioners noted a need for continued exposure to the topic of spiritual care, on the one hand, and to the area of sudden loss and bereavement, on the other.

- **Structuring the ongoing relationship** with social workers at the centers: As part of the program, initial relationships were formed between social workers and spiritual practitioners although, as yet, there is no clear mechanism to manage either the relationships or the sharing of updates, reports and so forth.
- **Program dissemination**: Differences remain between the various centers and regions in terms of their assimilation of spiritual care as reflected in, among other things, the number of referrals made and the number of practitioners available. Similarly, spiritual care should be extended to specific target populations, including Bedouin, immigrants from the former Soviet Union, Ethiopian-Israelis and others. As regards the Arab population, while several successful processes of support did take place with families in the program, the number of members of this population in need of the service remains large.
- **Psycho-spiritual groups**: Three groups participated in the program, moderated jointly by a professional and a spiritual practitioner, but only one group managed to complete the process. The group process revealed the importance of several factors of group success, including: A minimal number of participants, participant commitment to the group process, and proper acquaintance between the two moderators. Following the study, after drawing lessons from both the successes and the failures of the program, we can safely say that the group component has not exhausted its potential and can be further developed. In November 2019 a new psycho-spiritual group opened up in Jerusalem, and it may be the harbinger of additional new groups.
- Assimilation of the use of **Meitarim assessment questionnaire**: After examining the reliability of the tool, it is recommended that the various practitioners assimilate the questionnaire as part of their ongoing work with bereaved families. To this end, a computerized system should be constructed and categorized, training should continue for therapeutic staff, and awareness should be raised of the importance of evaluation and measurement as part of the treatment process.