As professional chaplains we need to be in dialogue with each other about what we do, how we do it, and why we do it a certain way and how these practices benefit our patients. The ultimate goal of MyPractice is to build a consensus about what constitutes "good practice" and eventually establish "Standards of Practice" for chaplains. As with quality improvements in our institutions, this is an ongoing process in order to improve our practice.

To have a description of a practice that you use in your setting considered for inclusion here, write it up and send it to Plain Views for consideration. The Association of Professional Chaplain's Quality Commission's Best Practice Committee will work with the Managing Editor of Plain Views to review submissions and select articles for publication. Your submission does not necessarily need to be cutting edge (although that's okay, too). We want to identify "good practices" that could be recognized as standard practice.

Plain Views will highlight one article in the second issue of each month. Readers are invited to respond to the featured practice. Responses will be posted as they are received. This is a great opportunity to start a process that will move us forward in professional chaplaincy.

If you'd like to respond to MyPractice, please send a comment of no more than 400 words. You can use the e-form on the web page (click on "hearing from you," link) or submit your commentary to the editor in the body of an e-mail (or as a Microsoft Word attachment) sent to Info@PlainViews.org. Please put the phrase "MyPractice" in your subject line.

We look forward to hearing from you!

The Four Fs: Profiling Spiritual Well-Being

At the core of my practice is a short and memorable screening tool that profiles a person's spiritual well-being and that can be used to form part of a more complex spiritual assessment.[1] This tool is called the "Four-Fs," which corresponds to Facts, Feelings, Family/Friends, and Faith.

As spiritual beings, humans are nested in a web of relationships, connections, and understandings that include ideas, other people, one's own self, nature, and possibly God, or a higher power. [2] When sickness occurs, this web may be disturbed or disrupted thereby affecting a person's spiritual well-being. By asking a patient about the "facts" of their illness, about how they are "feeling," about their "family," and about their "faith," the chaplain is able to delineate the patient's spiritual well-being in terms of, for example, anxiety or hope.

If the patient is experiencing anxiety in relation to the "facts" of their illness, whether they be medical, financial, clinical, or ethical, then the chaplain may address those for which they are qualified and make referrals to other disciplines as needed. If the patient's anxiety is in relation to their "feelings," then the chaplain may explore and help normalize these feelings as they relate to the illness process. If anxiety is found in the patient's "family" or social support system, then the chaplain may help the patient determine where the anxiety lies and the possible genesis and resolution of this anxiety. Finally, if the anxiety is found in relation to the patient's "faith," then the chaplain may help the patient explore their faith resources as a resource for successful coping.
If the assessment reveals hope in a particular area, then this area is spiritually well and can be utilized as a spiritual strength. If the assessment reveals in another area an anxiety-producing relationship, connection, or understanding, then this area indicates spiritual distress or a spiritual weakness. Rarely does the patient experience anxiety in all four areas and often strengths in one area may offset weakness in another. The more overall hope the patient has the more likely the patient will have a favorable outcome.[3]

The strength of this tool lies in its ability to be utilized conversationally. Inquiries concerning facts, feelings, family/friends and faith can form a natural part of any pastoral conversation. The Four-Fs also provide topics around which the chaplain can organize the pastoral conversation. The art consists in using this tool to discover clinically relevant information for delineating a spiritual profile that may then be used to develop a pastoral care plan with appropriate interventions and agreed upon outcomes.

I have used this tool since learning it from Dr. Uwe Scharf at Duke University Medical Center some eight years ago. Dr. Scharf, who is now Director of Pastoral Care at Johns Hopkins, continues to teach this tool to his CPE students who find it "very helpful." Dr. Scharf, however, learned the Four-Fs from a chaplain resident at Baptist Hospital in Winston-Salem in 1997. This chaplain resident, Rennie Adcock, is now the Chaplain at the Kate B. Reynolds Hospice Home in Winston-Salem. Chaplain Adcock reports he still uses this tool and has in fact added a fifth F, Follow-Up.

Footnotes:

[1] As an example of where a "spiritual profile" forms part of a larger, more thorough spiritual assessment, see Larry VandeCreek & Arthur Lucas (eds.), *The Discipline for Pastoral Care Giving* (Haworth Pastoral Press: New York, 2001).


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