

Whole Patient Assessment

Social Drivers of Health, Mental and Spiritual Health, and Other
Factors Impacting Pain Management

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Session Objectives

- Describe how individual risk factors impact pain management in patients with a history of cancer.
- Identify existential and spiritual distress in patients, families, and caregivers.
- Explore appropriate interventions to address total pain.

Case Study – Mr. A: 65yr old BM

Cancer

- Diagnosed with Prostate CA w/mets
- Surgery, XRT, chemo

Family

- Ex wife – 3 children, siblings out of state
- Living with significant other

Social

- History of childhood trauma
- Recent and past incarceration
- Employed: Baker

Comorbid conditions

- Hx: Bipolar disease and polysubstance disorder

Substance use

- Hx: Cocaine (crack), heroin, benzos, tobacco, ETOH, inhalants

Mr. A – Initial complaints

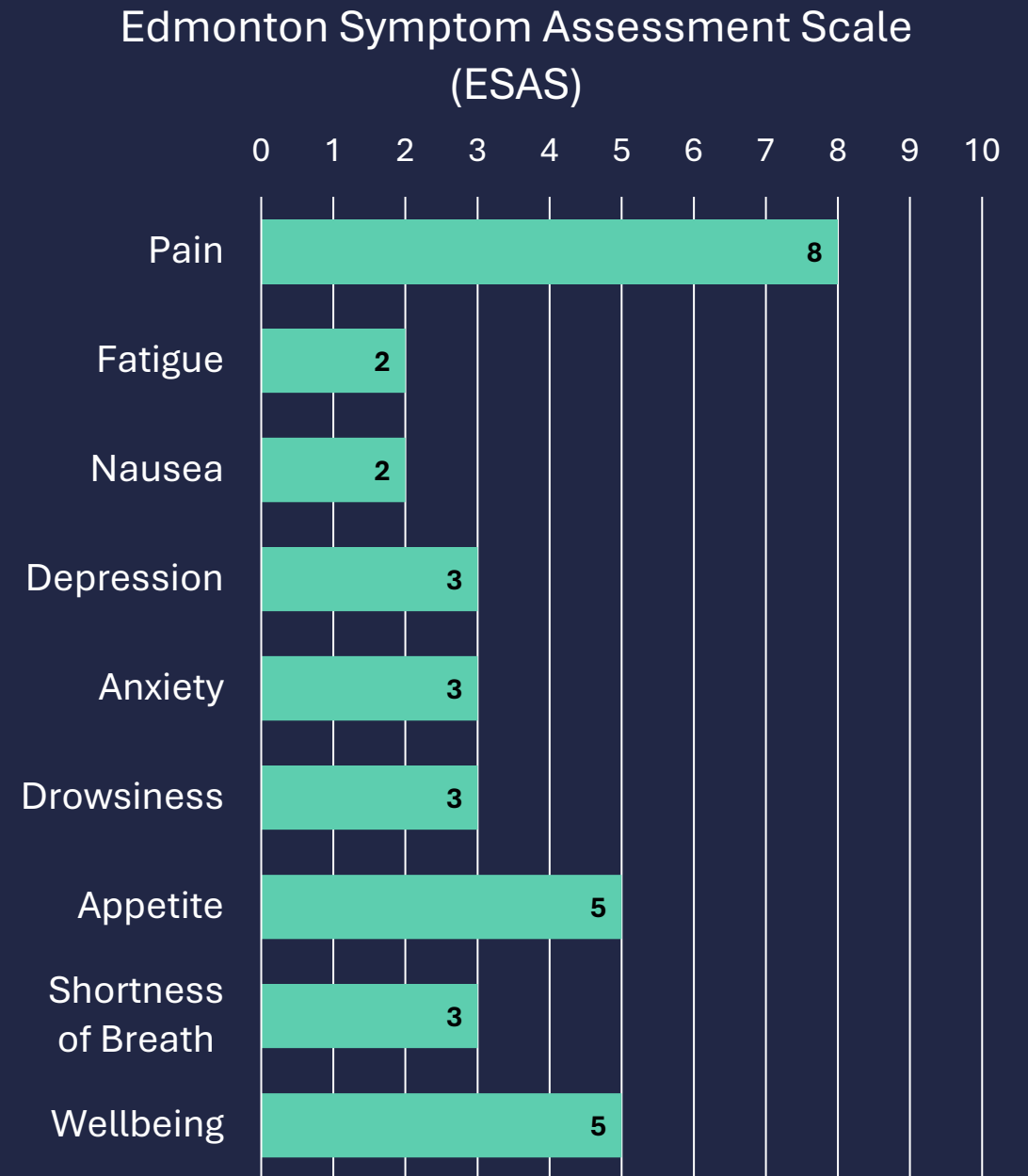


Lower back,
chest pain, &
neuropathy

Oxy 5mg Q6
– self
escalating

Mr. A – Initial Screenings

Social Drivers of Health	
+	Exercise
-	Food Insecurity
+	Housing Instability
+	Transportation Needs
+	Financial Instability
+	Stress
+	Social Connections
-	ETOH
-	Partner Violence



Case Study – Mr. B: 51yr old WM

Cancer & Pain

- Diagnosed with AML s/p SCT
- Hx: chronic back pain >10yrs

Social & Behavioral

- Wife and daughter
- Aggression and anger in previous appointments
- Medically unable to work

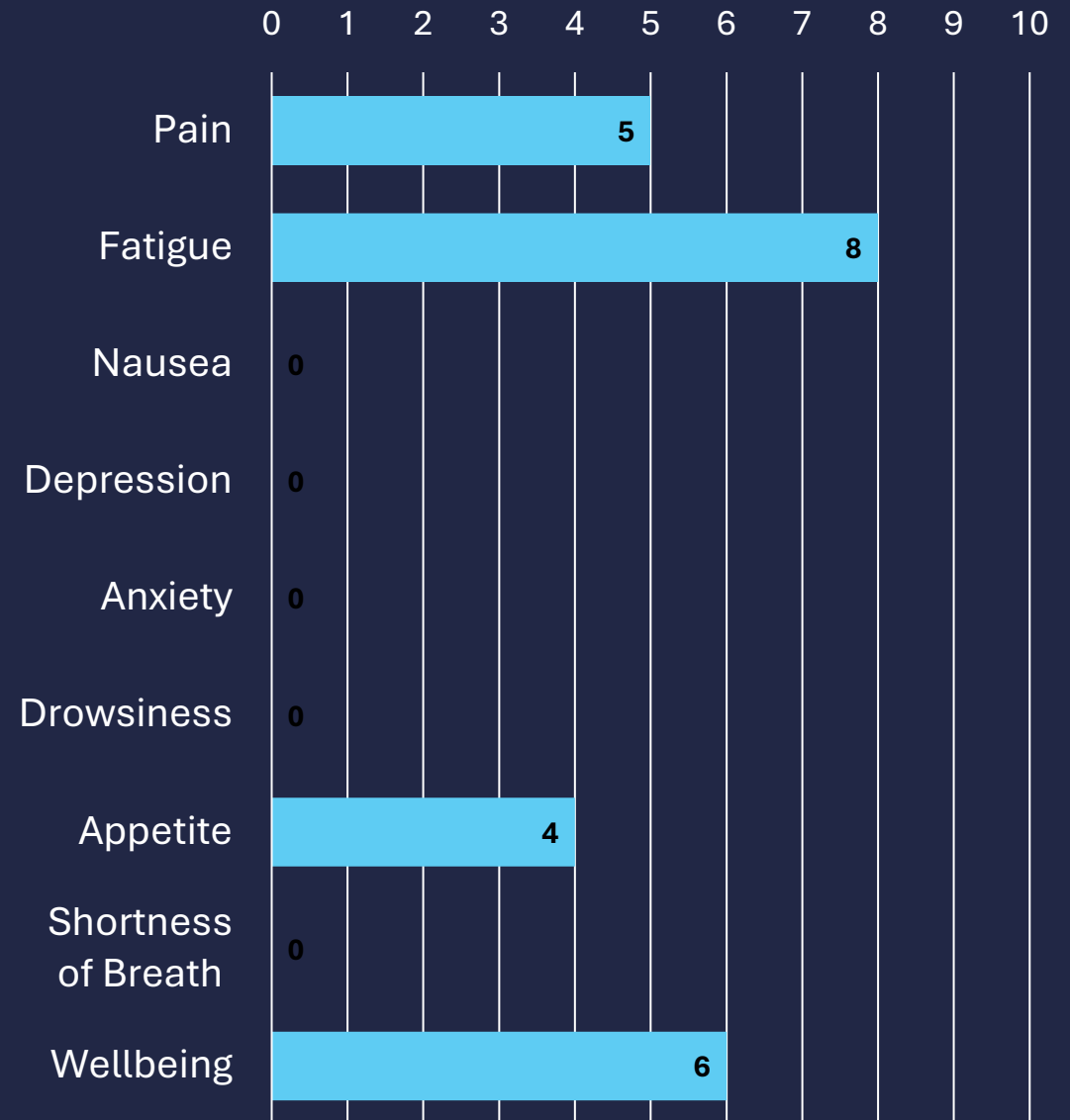
Substance Use

- Hx of amphetamines, oxy, and marijuana (smoker)
- Prescribed Suboxone x 7yrs

Mr. B – Initial Screenings

Social Drivers of Health	
+	Exercise
+	Financial Strains – very hard
+	Housing Instability
+	Transportation Challenges – lives 2 hours away
+	Food Insecurity
+	Stress
+	Utilities – cut off in last 12mo.
+	Social isolation
+	Depression

Edmonton Symptom Assessment Scale
(ESAS)



Case Study - Ms. C: 68yr old BF

Cancer

- Diagnosed with Ovarian CA w/mets
- Surgery, chemo

Social

- Widowed
- 2 daughters and 1 son
- Lived with significant other

Psychological History

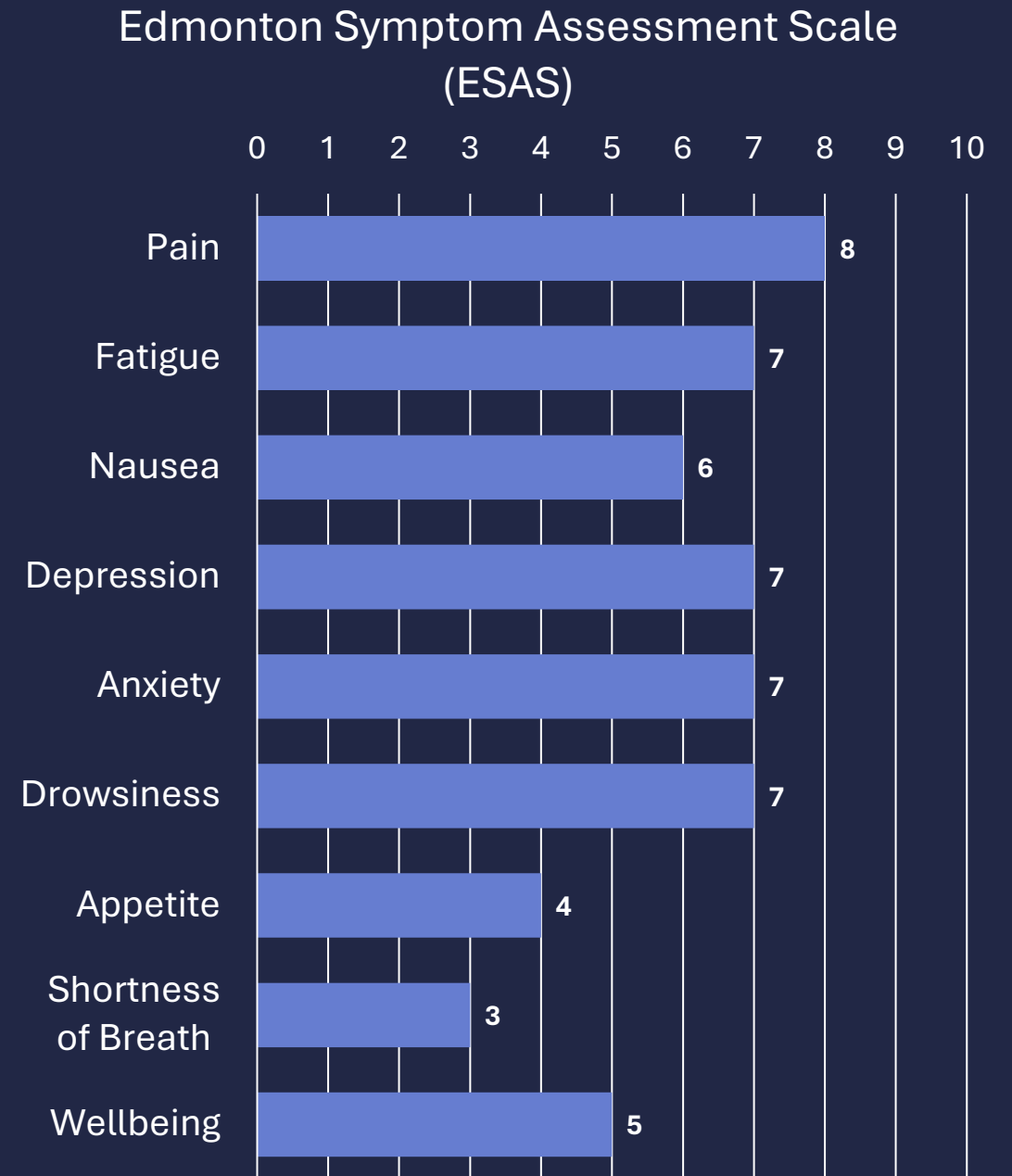
- Past childhood trauma – psychiatrist - duloxetine, venlafaxine, seroquel, diazepam, bupropion

Substance Use

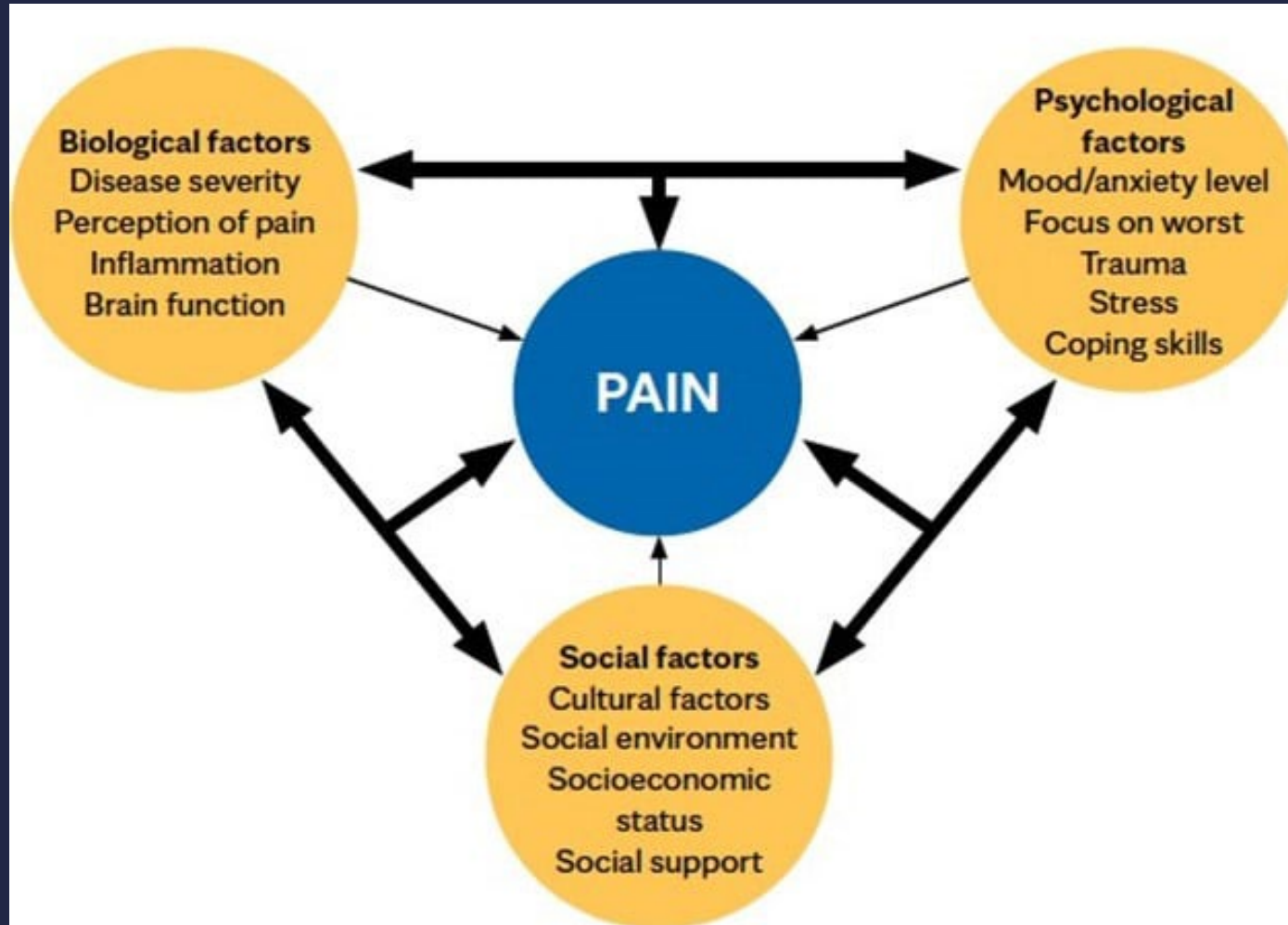
- Oxycodone 15mg – (self-escalating)
- Smoker

Ms. C – Initial Screenings

Social Drivers of Health	
+	Exercise
+	Financial Strains
+	Housing Instability
-	Transportation
+	Food Insecurity
+	Stress
+	Social isolation



Understanding pain: the biopsychosocial model



Framework for making sense of individual differences in pain

Experience of pain is influenced by biological, psychological, and social (biopsychosocial) factors

Graphic credit: Mayo Clinic

<https://mcpress.mayoclinic.org/living-well/the-dimensions-of-chronic-pain/>

Social determinants and more impact health & pain management

Individual risk factors, stress, health behavior, alcohol & tobacco use

Quality of education, access, health literacy

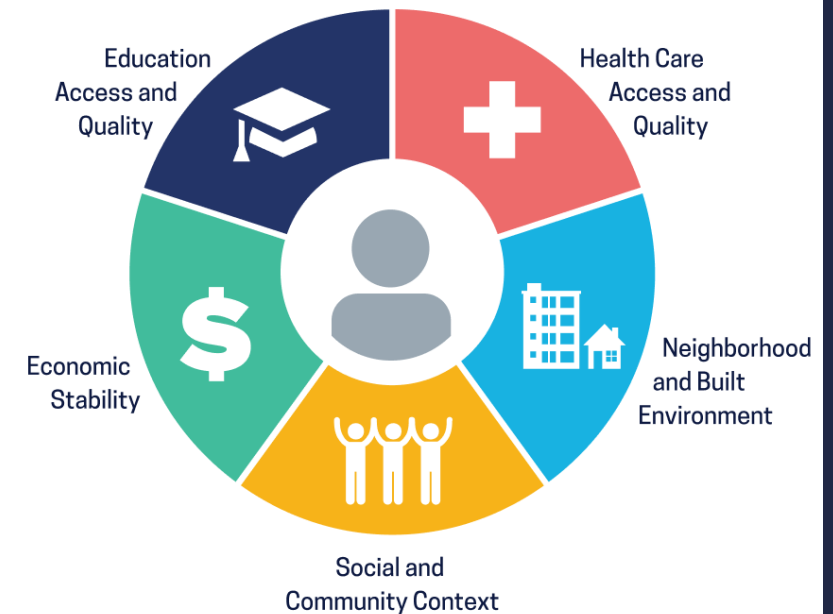
Economic stability, housing security, food security, health insurance

Access to healthcare, continuity & quality of care

Social and community context, family life, stress, violence, caregiver support, coping support system

Environment & neighborhood, public services, transportation needs, education, community resources and support

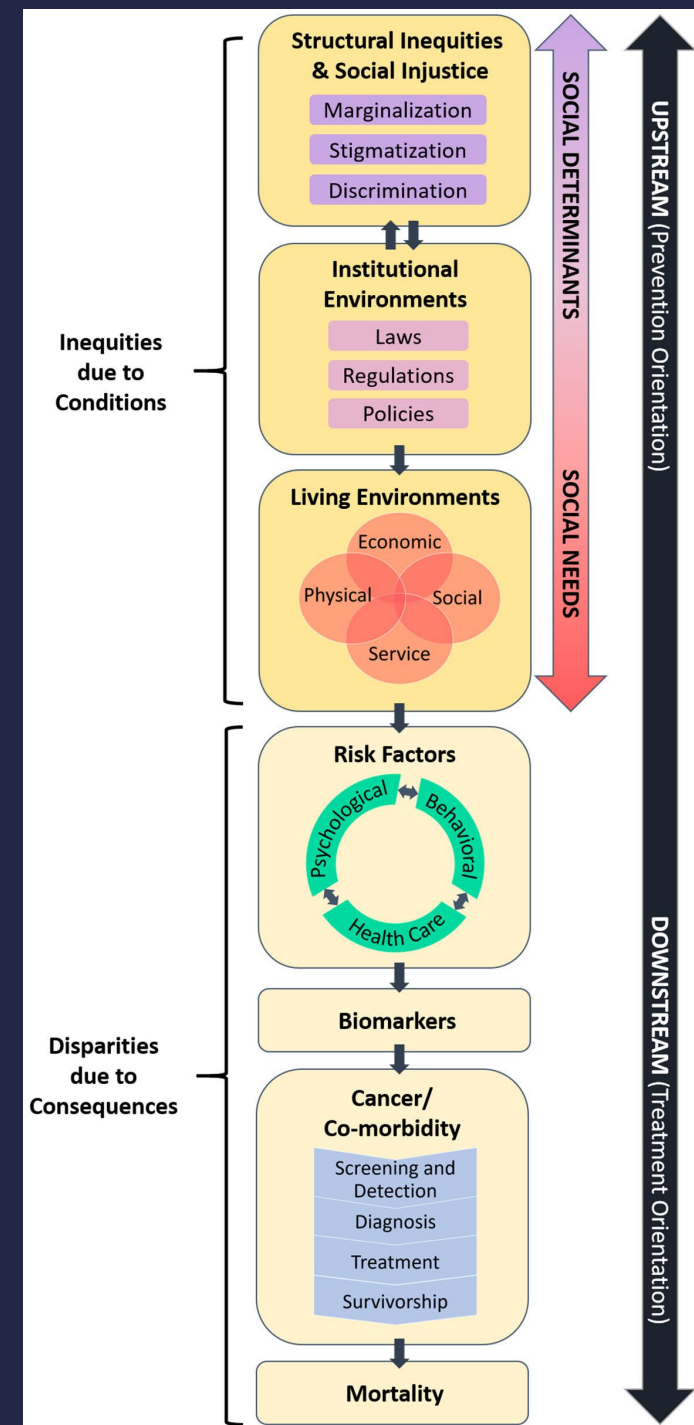
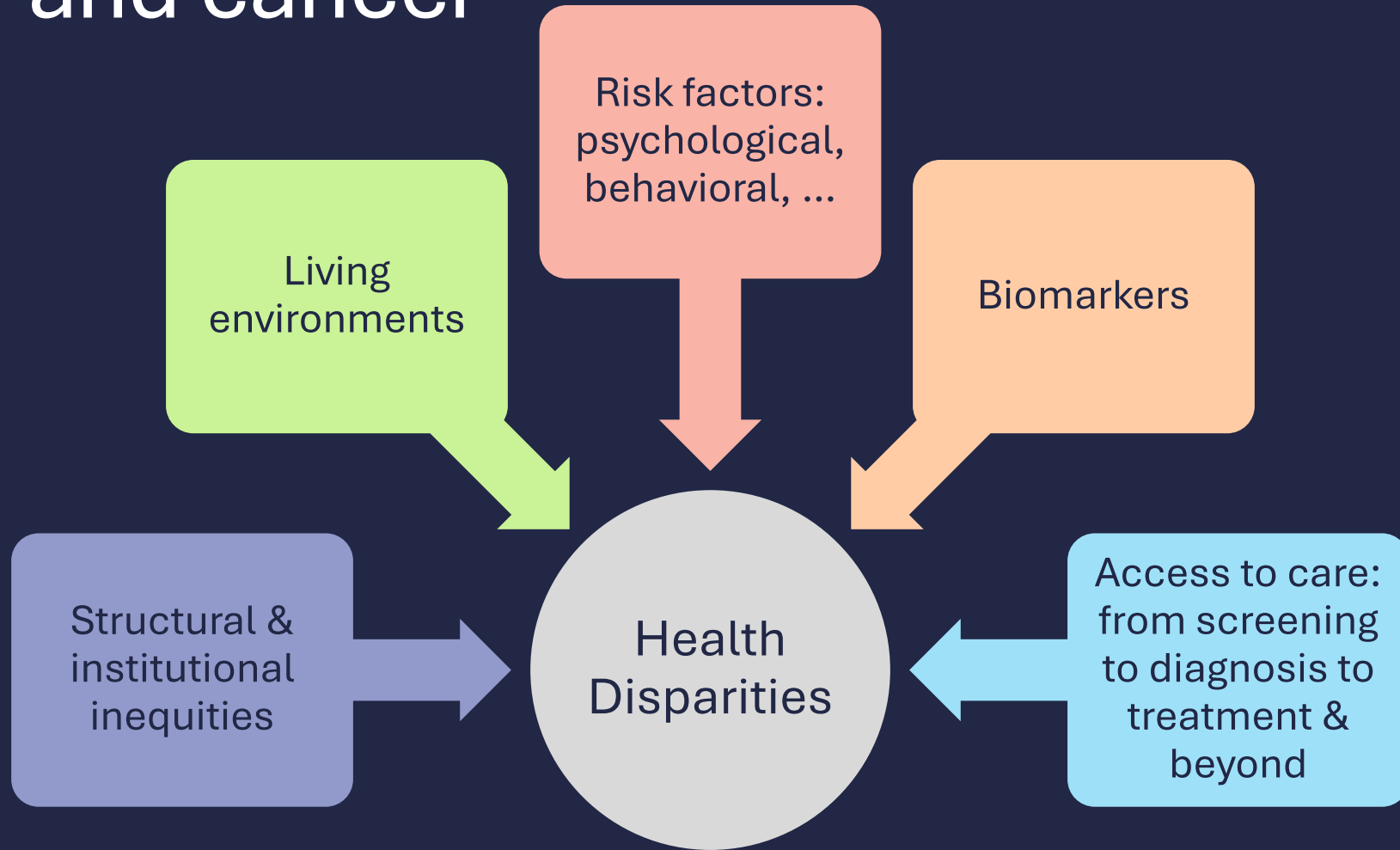
Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030

Social determinants of health and cancer



Social Determinants Screening & Referral



Time taken: 7/17/2025 1155 + Add Group + Add Row + Add LDA Responsible Create Note More Show Row Info Show Last Filed Value Show All Choices

Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Patient unable to answer Patient declined

On average, how many minutes do you engage in exercise at this level?

0 min 10 min 20 min 30 min 40 min 50 min 60 min 70 min 80 min 90 min 100 min 110 min 120 min 130 min 140 min 150+ min Patient unable to answer Patient declined

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Very hard Hard Somewhat hard Not very hard Not hard at all Patient unable to answer Patient declined

Housing Stability

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Yes No Patient unable to answer Patient declined

In the past 12 months, how many times have you moved where you were living?

Calendar icon

At any time in the past 12 months, were you homeless or living in a shelter (including now)?

Yes No Patient unable to answer Patient declined

Transportation Needs

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes No Patient unable to answer Patient declined

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

Yes No Patient unable to answer Patient declined

Food Insecurity

Food Insecurity



Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never true

Sometimes true

Often true

Patient unable to answer

Patient declined



Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true

Sometimes true

Often true

Patient unable to answer

Patient declined



Stress



Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?

Not at all

Only a little

To some extent

Rather much

Very much

Patient unable to answer

Patient declined



Social Connections



In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Never

Once a week

Twice a week

Three times a week

More than three times a week

Patient unable to answer

Patient declined



How often do you get together with friends or relatives?

Never

Once a week

Twice a week

Three times a week

More than three times a week

Patient unable to answer

Patient declined



How often do you attend church or religious services?

Never

1 to 4 times per year

More than 4 times per year

Patient unable to answer

Patient declined



Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

Yes

No

Patient unable to answer

Patient declined



How often do you attend meetings of the clubs or organizations you belong to?

Never

1 to 4 times per year

More than 4 times per year

Patient unable to answer

Patient declined



Are you married, widowed, divorced, separated, never married, or living with a partner?

Married

Widowed

Divorced

Separated

Never married

Living with partner

Patient unable to answer

Patient declined



Intimate Partner Violence

Within the last year, have you been afraid of your partner or ex-partner?

Yes

No

Patient unable to answer

Patient declined

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

Yes

No

Patient unable to answer

Patient declined

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

Yes

No

Patient unable to answer

Patient declined

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Yes

No

Patient unable to answer

Patient declined

Alcohol Use

Q1: How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week

Patient unable to answer

Patient declined

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?

Patient does not drink

1 or 2

3 or 4

5 or 6

7 to 9

10 or more

Patient unable to answer

Patient declined

Q3: How often do you have six or more drinks on one occasion?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Patient unable to answer

Patient declined

Utilities

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes

No

Already shut off

Patient unable to answer

Patient declined

Health Literacy

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Never

Rarely

Sometimes

Often

Always

Patient declines to respond

Patient unable to respond

Follow-Ups



We make community resources available to all of our patients to assist with everyday needs. We may be able to connect you with those resources. Would you be interested?

Yes

No



Would you be interested in assistance with any of these areas? If so, which ones?

- ☐ Food Insecurity ☐ Transportation Needs ☐ Housing Stability ☐ Utilities ☐ Intimate Partner Violence ☐ Social Connections ☐ Alcohol Use ☐ Physical Activity
- ☐ Stress ☐ Depression ☐ Financial Resource Strain ☐ Tobacco Use ☐ Personal Safety



 [Create Note](#)

Listening for Religious, Spiritual, and Existential Distress



Some patients express spiritual and existential distress through common religious language



Many patients express spiritual and existential distress through language that seems more commonplace and may be misunderstood.

“How in the world am I going to make it through this?”

They may speak about feeling “useless,” “hopeless,” or questioning what they did to “deserve this” illness.

Models of Spiritual Care Assessment



An ability to formulate and utilize spiritual assessments is one of the common standards of professional chaplaincy certified bodies.



“Spiritual assessment” is a broad term that refers to many types of assessments that are conducted by chaplains as well as other members of the interdisciplinary team. It can refer to:

- Spiritual Screening
- Spiritual History
- Spiritual Assessment



In-depth spiritual assessment is conducted by a **professional chaplain**. It is a process of connecting with the patient’s care team, conducting an in-depth review of the patient’s medical record and engaging the patient and their loved ones to determine spiritual care needs and resources in order to develop a care plan.

SPIRITUAL NEEDS MODEL		SPIRITUAL DISTRESS ASSESSMENT TOOL (SDAT)		
		PATIENT INTERVIEW	INTERVIEW ANALYSIS	
Spiritual dimension	Need associated with the spiritual dimension	Set of questions for patient interview	Questions for analysing the interview and identifying unmet spiritual need	Scoring of unmet spiritual need (range from 0 to 3*)
MEANING Overall life balance	NEED FOR LIFE BALANCE - need to maintain and/or rebuild an overall life balance - need to learn to “live with” an illness or disability	Does your hospitalisation have any repercussions on the way you live usually? Is your overall life balance disturbed by what is happening to you now (hospitalisation, illness)? Are you having difficulties coping with what is happening to you now (hospitalisation, illness)?	How does the patient speak about his or her need for life balance? Is the overall life balance of this patient disturbed?	To what degree does the <i>Need for Life Balance</i> remain unmet? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
TRANSCENDENCE Anchor point exterior to the person	NEED FOR CONNECTION - need for Beauty - need to be connected with the personal existential anchor	Do you have a religion, a particular faith or spirituality? Does what is happening to you now change your relationship to God /or to your spirituality? (closer to God, more distant, no change) Is your religion / spirituality / faith challenged by what is happening to you now? Does what is happening to you now change or disturb the way you live or express your faith / spirituality / religion?	How does the patient speak about his or her need for connection? Is his or her need for connection disturbed?	To what degree does the <i>Need for Connection</i> remain unmet? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

<p>VALUES</p> <p>System of values that determine goodness and trueness for the person; the system is made apparent in the person's actions and life choices</p>	<p>NEED FOR VALUES ACKNOWLEDGEMENT</p> <p>- need that caregivers understand what has value and significance in his or her life</p> <p>NEED TO MAINTAIN CONTROL</p> <p>- need to understand and be involved in caregivers' decisions and actions</p>	<p>Do you think that the health professionals caring for you know you well enough?</p> <p>Do you have enough information about your health problem, and on the goals of your hospitalisation and treatment?</p> <p>Do you feel that you are participating in the decisions made about your care?</p> <p>How would you describe your relationship with the doctors and other health professionals?</p>	<p>How does the patient speak of his or her need that caregivers understand what has value and significance in his or her life?</p> <p>How does the patient speak of his or her need to understand and be involved in caregivers' decisions and actions?</p>	<p>To what degree does the <i>Need for Values Acknowledgement</i> remain unmet?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p>To what degree does the <i>Need to Maintain Control</i> remain unmet?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>PSYCHO-SOCIAL IDENTITY</p> <p>The environment (society, caregivers, family, close relations) that maintain the person's particular identity.</p>	<p>NEED TO MAINTAIN IDENTITY</p> <p>- need to be loved, to be recognised</p> <p>- need to be listened to</p> <p>- need to be in contact (in particular with the person's faith community and other people)</p> <p>- need to have a positive self-image</p> <p>- need to feel forgiven, to be reconciled</p>	<p>Do you have any worries or difficulties regarding your family or other persons close to you?</p> <p>How do people close to behave with you now? Does it correspond with what you expected from them?</p> <p>Do you feel lonely?</p> <p>Could you tell me about the image you have of yourself in your current situation (illness, hospitalisation)?</p> <p>Do you have any links with your faith community?</p>	<p>How does the patient speak of his or her need to maintain identity?</p>	<p>To what degree does the <i>Need to Maintain Identity</i> remain unmet?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>

* **0** = no evidence of unmet spiritual need; **1**= some evidence of unmet spiritual need; **2**= substantial evidence of unmet spiritual need; **3** = evidence of severe unmet spiritual need

Onc 5: Chaplain assessment of explicit spiritual concerns in cancer patients

Theme	Description	Chaplain Score
Need for meaning in the face of suffering	<ul style="list-style-type: none"> • Difficulty coming to terms with changes in things that gave meaning to life • Feelings of inadequacy, hopelessness, fear, despair • Struggling to come to terms with prognosis • Unable to come to terms with “new normal” or different way of life, develop a new vision of wholeness • Shifts in self-identification through disease trajectory (‘fighter,’ ‘victim,’ etc.) • Struggles to find peace, experiences anxiety about death/dying 	0-3
Legacy and need for meaning around one’s life/existence	<ul style="list-style-type: none"> • Questions about their life’s meaning, purpose, impact. • Concerns about what their lasting legacy to others will be • Guilt/regret around things they have/not done 	0-3

Scoring spiritual concern: **0** = no evidence of spiritual concern; **0*** = no evidence of spiritual concern, further assessment to be sure; **1** = some evidence of spiritual concern; **2** = substantial evidence of spiritual concern; **3** = evidence of severe spiritual concern.

Onc 5: Chaplain assessment of explicit spiritual concerns in cancer patients

Theme	Description	Chaplain Score
Relationships (family, significant others, friends)	<ul style="list-style-type: none"> • Unfinished business with significant others (reconciliation, forgiveness, estrangement) • Concerns they are a burden • Unwanted isolation/loneliness • Living up to life responsibilities, worry about those important to them (e.g. children, relatives) 	0-3
Spiritual, Religious, Existential issues	<ul style="list-style-type: none"> • Struggles with the divine, e.g. feeling abandoned by, judged by, angry toward God or the Sacred, feeling attacked by evil spirits. Doubt in beliefs. Spiritual conflict with family/friends. Isolation/alienation from institutions 	0-3
Values, Duties, Obligations	<ul style="list-style-type: none"> • Struggles with alignment between beliefs/values and medical decisions. • Feels lack of guidance/support in ethical decision-making, guilt/responsibility for own illness • Wishes to make life changes going forward • Feels judgment from others re: ethical elements of treatment 	0-3

Specific Interventions for Spiritual and Existential Distress

- **The co-creation of rituals** that reconnect patients with a greater source of meaning and support outside of themselves.
- **Deep listening, profound acceptance, and unconditional loving regard** for the patient or loved one's experience of distress. Capable chaplains will not become lost in the distress themselves but will hold the space of hope and connection for patients when they cannot hold it for themselves.
- **Spiritual companioning**: compassionate exploration of the patient's feelings of guilt, regret, fear of death, loss of hope, existential anxiety, need for forgiveness, and honoring the transition between this world and the next.
- **Spiritual practices** that support a greater sense of connection with a sacred or loving source beyond the self, such as healing visualizations, loving kindness meditation, prayer, spiritual journaling and participating in a spiritual or religious community.
- **Support for somatic practices** that release distress in the body including deep breathing, meditation, crying, and other forms of somatic release.
- **Gentle confrontation** of belief systems and beliefs about the self that may prevent patients from accessing love from loved ones in their life, a higher power, or a transcendent source of support.

Physical Pain and Stress Management

- In a holistic view of health, spirituality cannot be separated from one's physical, psychological and emotional experience. Spiritual beliefs, values, experiences, hopes, and fears are held in the body and are interconnected with a patient's experience of physical disease processes and symptoms, including physical pain and stress.
- Spirituality can serve as a resource for addressing pain when traditional methods of pain management are limited in their capacity to provide relief from suffering.

Physical Pain and Stress Management

- **The following interventions may positively influence a patient's experience of intractable and refractory pain and stress and should be utilized only after patients have received a full pain management assessment and care plan from the medical providers on the team:**
 - **Guided imagery and visualization** can help patients learn to work with the pain as an ally instead of an enemy, leading to a greater sense of empowerment and a reduction in the suffering associated with pain.
 - **Meditation** can impact the subjective experience of pain through influencing the parts of the brain that process pain and attribute emotions to the experience of pain. In empirical studies, areas of brain function that influence pain were significantly altered through the practice of meditation. The patients' experience of pain was significantly improved.
 - **Mindfulness** as an intervention for physical pain can be introduced to patients from any spiritual or religious background and is best introduced in a non-religious manner with patients.

Mr. A – Interventions

Weekly clinic visits

Random Urine drug screens - +cocaine

Provided lockbox for medications – poor memory

Completed pain contract and advance directive

Connected with oncology social worker, Motivate, nutrition, PT, community case worker

Mr. A – continued

5 different living situations in 1 yr



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graph TD; A[5 different living situations in 1 yr] --> B[Living in his car - Suicide attempt – hospitalized]; B --> C[Got sister involved]; C --> D[Admitted to SNF]; D --> E[Methadone 10mg BID, oxy 5mg PRN, duloxetine 60mg, lidocaine patches];
```

Living in his car - Suicide attempt – hospitalized

Got sister involved

Admitted to SNF

Methadone 10mg BID, oxy 5mg PRN, duloxetine 60mg,
lidocaine patches

Mr. B - Interventions

Seen every 2 weeks in clinic

Pain contract signed and behavior discussed

Connected with Motivate, oncology social worker, food resources

Random Urine Drug Screen – inconsistently showing dilaudid

Dilaudid 2mg Q12hrs and Suboxone TID

Ms. C - Interventions

Signed pain contract

Weekly clinic visits

Prescribed - Butrans patch 15mcg/hr TD Q7D, with Norco-acet 10-325 Q6H PRN

Random Urine Drug Screens - +cocaine/+oxy

Got daughter involved

Connected to PCP, psychologist, PT

Key Takeaways: Be Present & Listen!

Dig deeper to uncover underlying risk factors

SDOH & Spiritual Assessments are a great start

Continue using all tools at your disposal

Team-based approach is key

Lean on natural supports like family and friends

Refer to appropriate resources

Patients respond extremely positively

“we love your team”

Changes in reported total pain