

HOLISTIC PRACTICE WITHOUT SPIRITUALITY?

TRUTH AND ARTIFICE IN A CHILD HEALTH SETTING.

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Setting

This paper is based on the author's professional social work practice with families who have a child with a diagnosis of a developmental disability, for example, global developmental delay, autistic spectrum disorder or other learning disability. Other current experience of the author that contributes to the knowledge base drawn upon includes working with children from families affected by trauma, domestic violence, attachment disorder and mental health problems. Past significant experience includes working with chronic and extreme episodes in people's lives such as acquired brain injury, disability and terminal illness.

The Child Health Assessment Team (CHAT) was established as part of the Central Coast Area Health Service in Gosford and is a family-focussed, multi-disciplinary service for assessing children aged 3-5 years who have failed to achieve developmental milestones across a number of growth domains. These may include speech, sensory, fine and gross motor skills, cognitive skills, and behavioural and social skills.

Prior to my work with the CHAT team, the multidisciplinary team members already had a desire to implement a collaborative approach with the families with a respect for the knowledge the family has about each child and to work in partnership with them. My job in the team is to conduct a bio-psychosocial family assessment for an overview to indicate whether there may be historical, family, social or genetic reasons for the developmental and behavioural challenges exhibited by the child. It is also to determine whether social supports are required for the family to function more effectively. My choice to implement a social work service that uses a holistic strengths-based approach was welcomed by the team.

The research I am proposing for my Master of Philosophy (Social Work) aims to identify the strengths modelled by families seen by the service and to determine to what extent we support these strengths. On commencing my research degree I immersed myself in reading and reflecting on my goals. At a practical weekly level in my work I was struggling with the assessment process and finding that it didn't provide what I needed if I were to assess strengths and work from a strengths perspective. I found myself constantly rearranging the family assessment outline. I realised that to be truly holistic I had to include a deeper exploration of spiritual strengths within the family, and apply the strengths perspective more rigorously. This would require that I provide a bio-

psychosocial-spiritual assessment and focus on all the family strengths, including spirituality, in addition to gathering an understanding of the vulnerabilities.

My struggle with the social work family assessment for the CHAT families is apparently widespread. In 1999, Russo stated that “the literature indicates that the strengths perspective has been struggling with the development of strength-finding questions” (28). Therese Early (2001), in her paper on assessment tools, also commented on the small number of instruments that have been constructed exclusively from a strengths perspective, and Gilgun et. al. commented on the “scarcity of clinical instruments based on strengths perspectives” (629). After much searching I realized I would have to develop my own strengths based assessment tool that would be relevant to the families I work with.

What is a family assessment?

In 1999, Canda made the following comment:

Think for a moment about the metaphor of intervention, used so commonly to describe social work practice: an outsider enters a client's life and manipulates it. This is a militaristic metaphor, like paratroopers dropping out of the sky into a combat zone. (Canda 7)

While assessment and intervention are seen as being separate there is no distinct demarcation between the two (Graybeal). As Canda (1999) intimated, throughout assessment we continue to have an impact on those we assess for the purpose of intervention. It is naive to conduct an assessment with the belief that we are being value neutral or that we have no impact on the family we are assessing. In their book on ethics in healthcare, Guillemin & Gillam discuss the use of ethical mindfulness using a narrative approach. The Oxford English dictionary defines mindfulness as “the meditative state of being both fully aware of the moment and of being self-conscious of and attentive to this awareness; a state of intense concentration on one's own thought processes; self-awareness.” I propose that we use the awareness of the impact of assessment and intervention both deliberately and mindfully.

On considering our duty of care for the families with which we become involved, the ethical approach to any assessment, as stated by Guillemin & Gillam, would be one where respect for autonomy, confidentiality and doing no harm is coupled with an awareness of the wellbeing, welfare and best interests of the client. Additionally, relationship with others including community supports, and going “beyond the physical” (Guillemin & Gillam) in support of our client families is important. The mindfulness with which we practice becomes a part of that practice as we develop a seamless approach to working that encompasses our knowledge base and ethical awareness.

On reflection, the CHAT program already attempts to assess our families respectfully and collaboratively, and looks at both vulnerabilities and strengths, which is in keeping with a strengths approach. They show a respect for the knowledge the family has about each child, and works in partnership with them, which is common to the strengths approach espoused by Saleeby (18). For example, recently we did assessments on a family where we diagnosed four of the children with moderate to severe autism. Initially this family had no community supports and many environmental challenges such as poverty,

little support from extended family, alcohol use and high levels of frustration as a result of the challenges they faced, and as a result of these issues child protection concerns.

During the diagnostic assessments conducted by the allied health therapists the parents were treated with respect, encouragement and recognition that the main problems faced by the children were not the fault of the parents. With thoughts of my research project addressing spiritual strengths fresh in my mind, as the social worker, I spoke with the parents about their feelings and thoughts. In an ethically mindful narrative approach we discussed their obvious love for their children, where they derived their values from, and what their hopes were. Frank discussion was also had around the difficulties of managing anger while using alcohol as a coping device, along with recognition that living with autism was a great challenge. Spiritual strengths were discussed, identifying both the parent's skills at surviving trauma, grief and childhood homelessness. I was interested to learn how the mother managed to present such a calm demeanour in spite of the difficulty of managing the behaviours of the children. In the final summary, when identifying family strengths, the team chose to comment on the sensitivity and love displayed by both parents towards the children during the assessment.

After meeting with the CHAT team, the father chose to reduce his alcohol intake and began to manage his anger more easily. The family was connected with other community supports. Since the last diagnosis the family has moved into Department of Housing accommodation, acquiring furniture and other necessities. In working in partnership with the family, the social worker had them define their own needs as opposed to being told what they needed (Reimer & Nixon). The mother felt she needed to make the house safer and more hygienic for the children. Together we crafted a letter to the Department of Housing requesting specific changes. Housing addressed this request within six weeks, providing the parents with a sense of control over their situation. The family has also reunited with extended family members, who are now being supportive, and recently commented that "things are slowly coming together."

Accessing the capacity for growth and change, as discussed by Early (2000), in addition to addressing basic material needs such as housing and equipment, has encouraged the family to implement their own means for improving their life style. They commented that their expectations of the CHAT assessment had initially been that we would identify their failure as parents, so they had put off having the children diagnosed as long as possible. They were also surprised when we commented on the love and sensitivity with which they handled their children. They had previously been unaware that it was noteworthy. The change in their perception of self enabled them to implement their own positive life changes, while success in accessing supports gave a sense of achievement. Managing such challenging children in partnership with community organizations has given them a sense of purpose.

What is spirituality in this context?

In social work there is a growing perception of the need for spiritually sensitive practice. Coholic and Canda (2006) both discuss the relationship between practice wisdom and spirituality, and insights for theory and practice. Saleebey and Hodge identify the inclusion of spirituality as an important identifiable family strength. In occupational therapy, Burgman cites Kang, McColl, Rose, and Unruh who "highlight the importance of

spirituality in theoretical frameworks and practice” (58). There appears to be an overlap between the allied health therapeutic disciplines, which emphasizes the growing need and interest in the subject.

Definitions of spirituality are plentiful and often dependent on the worldview of the person making them (Gotterer). There has been a tendency for people to associate spirituality with religion. While the two overlap, they are distinct concepts (Hodge), and spirituality can also be non-religious or atheistic (Gotterer; Canda, *Spiritual Sensitive Social Work*). Religiosity is not an essential part of spirituality. In 2005, Hodge commented that “religion flows from spirituality”, while Canda (*Significance of Spirituality*) made the observation that “spirituality moves us towards the realization of integration of all our aspects while being in connection and communication with all others.”

I perceive spirituality as being the basis of all value and belief systems. It is embedded in cultural belief systems that provide colour to thoughts, which affect emotions, which in turn influence behaviour; as Vaughan said, is “an integral part of human life”. Profound life experiences strip back the overlays of conscious thought to reveal the basic intuitive spiritual senses. In 2001, Wilbur made the statement that “Spiritual practice is not one activity among other human activities; it is the ground of all human activities, their source and their validation” (144).

A manifest demonstration of spiritual capital emerging under extreme circumstances occurred during the Second World War. Psychiatrist Dr. Victor Frankl survived the concentration camps in Germany. In his book *Man’s Search for Meaning* Frankl described the psychology of the concentration camps and the importance of maintaining a spiritual focus in such desperate times.

The prisoner who had lost his faith in the future – his future – was doomed.
With his loss of belief in the future, he also lost his spiritual hold; he let
himself decline and became subject to mental and physical decay. (Frankl, 95)

Frankl also observed that those who survived were not necessarily robust healthy young people. More often they were the less physical but more able through imagination, faith in themselves or a higher power, and possessed enough inner strength to inhabit a spiritual realm and to transcend the daily “hopeless, meaningless world” (Frankl). He recognized that those who accessed their spiritual strengths, who could find beauty in the bough of a tree or a distant sunset, and live for the future through visualizing goals, had a greater chance of survival.

If we transpose this knowledge into everyday life, it would seem that it would benefit all of us to develop inner strength in order to survive well, so as to shore up our resilience and also that of our clients. In agreement with Frankl, resilience theory is about the bringing of hope, using goal setting and belief in the future (McCashen, cited in O’Neill, 28). As a parallel, strengths-focused intervention breaks ties with the past and changes to a focus on a “future beyond the problem” (Weick et.al.).

It is not possible to be a detached observer. We are all in this together. As a Social Worker, I have seen patients and their families where chronic or terminal ill health has caused people to contemplate their beliefs and find comfort in accessing other levels of awareness. I have been privileged to sit with families; I have encouraged contemplative discussion, laughed and cried with them when we talked about the good times and the

challenging times in the patient's life, as well as the relationships, good and bad, and impending death and what that might mean to each family member. The job of the social worker is to facilitate the ability to say things that need to be said, to rise above the disinclination to participate in emotional depths that may be very painful, and to support the families during challenging times.

Spiritual strength is something other than cognitive capacity, other than emotional depth. It goes beyond religious knowledge. Spirituality is the basis of all the other dimensions within a social work assessment. It encompasses a sense of self in relation to the world, a sense of meaning and purpose, as well as a value base, and it can also include a religion (Graybeal). Spirituality encompasses the inner meaning of life, whether it has religious or non-religious significance (Frankl; Gotterer). There is a transcendent quality to spirituality that aids one in rising above social disadvantage, illness, grief and disablement, and this provides a powerful basis for empowering beneficial life changes within a family.

Whose Truth?

Organisational Truth

From an organisational perspective I have worked in government and also non-government organizations, including church funded and secular. My experience has been that the church funded organisation that I worked in was holistic in its approach without being dogmatic about specific religious adherence. In assessments the physical, spiritual, sociological, emotional, and psychological needs of the children we counselled were addressed and the spiritual held the same value as the other dimensions. None of the workers had difficulty using this approach because it was a supported expectation of the service.

In the past I have experienced within government organisations a sense of the spiritual as something to be avoided and marginalised, something deemed politically incorrect and embarrassing. This approach is changing in recent times, but not to the degree where spirituality is openly addressed as an expected part of the counselling service. There may also be fear on the part of some workers, who may not feel competent or comfortable in discussing spiritual issues with a client (Gotterer).

Another fundamental constraint facing the CHAT program consists of pressure from external agencies, such as schools, to provide a specific diagnosis so that they can apply for extra funding to support the child. While therapists in CHAT are sympathetic to the need and can see why a diagnosis is requested, we feel ambivalent about providing a label like autism as opposed to providing extra supports for a child with specific needs such as speech therapy. The pressure to diagnose for the purpose of funding when there is insufficient evidence to define the diagnosis presents a problem to the therapists. Labelling puts the child in the position of being identified as a 'problem', which can last throughout school life with negative repercussions, even if later proven incorrect. The benefits of this label must outweigh the disadvantages, and while community perceptions of diagnoses such as autism remain negative the children so labelled will experience further challenges.

Client Truth

In all the assessments I have done of families accessing the CHAT service I ask the parents what they want from the service. Their response is always the same, though the actual wording may be different. “I want someone to help me help my child. I want to be able to provide support at home that is appropriate to his needs and if necessary, I want a diagnosis that puts him in a position to access the therapy and supports his diagnosis attracts.” The family looks to the multidisciplinary team to provide them with answers and suggestions for future support.

My Truth

As a social worker I have the values and ethics in place to provide a holistic approach, but what happens when my spiritual values conflict with those of my clients’, and how much am I constrained by organisational needs that may conflict with client needs? My desire to use a holistic strengths-based approach where spiritual strengths are also given equal value in the assessment needs to be investigated further and researched in order to determine whether it is in fact the best way to work with the clients.

Summary

In order to provide a “culturally competent and spiritually sensitive social work practice” (Canda, *Significance of Spirituality*, 1) it is necessary to be courageous enough to look at one’s own beliefs and to be respectful and non-judgmental when confronted with families whose cultural and social values and beliefs differ markedly from ones own; it is to be open to the possibility of the clients implementing their own changes when empowered with an objective, respectful, strengths-based view of their situation and acknowledging their spiritual potency. This practice is about trusting the client and the process.

When I wrote the abstract for the paper I did not have a clear vision of the outcome. Having written the paper I now see the question as being:

Whose truth is it when I conduct a family assessment, and how artfully do I employ my skills as a social worker to work in a mindfully ethical way in order to draw on all the strengths and capabilities, including the spiritual, of client families?

The impact of an assessment on a family is a complex blend of the personal, the organizational, the political, the social and the spiritual. The literature indicates the desirability of further research on family assessments, which include identifying spirituality within a strengths-based framework from an ethically mindful viewpoint.

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