

Chaplain Roles in Suicide Prevention, Intervention & Postvention





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Care for the Soldier's Heart and Soul

- Military Chaplains have been serving our nations' warriors and their families, since the start of the Civil War.
- And likewise, Department of Veterans Affairs (VA)
 Chaplains have been caring for our nations'

 Veterans and their families since the start of the VA.
- Today over 5,000 Military and VA Chaplains, from over 200 different denominations, are charged with providing spiritual care, counseling and religious services to military members, Veterans and their families.



"Chaplains and pastoral counselors minister at the intersection of theology and moral practice... They provide guidance in how to build lives worth living. They teach how to manage suffering. They monitor and intervene when suicide people come to them for help. They guide faith communities in how to support suicide survivors."

Mason, K. (2014). *Preventing suicide: A handbook for pastors, chaplains, and pastoral counselors.* Downers Grove, IL: InterVarsity Press.





Objectives

- 1. Articulate ways that spiritual suffering may be a driver of suicidality.
- 2. Describe ways that professional healthcare chaplains and mental health providers can collaborate in suicide prevention.
- 3. Identify recent Veterans Health Administration (VHA) initiatives to partner chaplains and mental health providers in preventing Veteran suicide.



Objective 1

Articulate ways that spiritual * suffering may be a driver of suicidality

*Defined as a "dynamic and intrinsic aspect of humanity, through which individuals seek meaning, purpose, and transcendence and experience relationship to self, family, others, community, society, and the significant or sacred."

(National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines, 4th Edition).

Spiritual Dimensions of Suicide and Spiritual Care Frames

Kopacz, Marek S. et al, "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper" (SAGE Open, 2014)

- Loss of meaning/purpose (meaning making)
- Perceived spiritual abandonment (ministry of presence)
- PTSD and Trauma Recovery (spiritual grief/loss work)
- Suicidal Ideation (life review in context)
- Intrusive Thoughts (Mantras, meditation, prayer)



Clarifying the Role of the Chaplain

- Spiritual Assessment and Care Plan (vs. Suicide Safety Planning)
 - Spiritual/Emotional needs underlying the presenting issue of suicide ideation
- Lament (vs. Protective Factors)
 - i.e. "If I kill myself will I go to hell?"... "Sounds like you are in hell right now..."
 - Feeding Spirit vs. Preventing Death
- Spiritual Dimensions and Care Frames





Clay Hunt: His Tragic Journey



Objective 2

Describe ways that chaplains and mental health providers can collaborate in suicide prevention

- 1. Durham VA Best Practice
- 2. Dynamic Diffusion Network
- 3. Postvention Pilot

Best Practice

Durham VA Health Care System Suicide Prevention MH/Chaplain

Ryan Parker, M.Div, BCC-PTSD, ACPE (Chaplain / ACPE Certified Educator)

Gary Cunha, MSW, LCSW (Suicide Prevention Coordinator)
Laura McCarthy, MSW, LCSW (REACH VET Coordinator)
Ryan Higgins, MSW, LCSW (Suicide Prevention Case Manager)
Sonja T. McRae, MSW, LCSW (Suicide Prevention Case Manager)
Bobby Williams, CPSS-V (Peer Support Specialist)

David Livesay, MSN, PMHNP-BC, NP (*Primary Care / Mental Health Integration*)



How the Collaboration Started in Durham (Early 2015)

- Multiple deaths by suicide stretching the resources of the Suicide Prevention Team.
- Team attempting to provide postvention care to families
- Team and other clinicians not receiving postvention care
- Suicide Prevention Team burnout
- Chaplains receiving 0-2 referrals / month for high risk Veterans
- Team and other Mental Health Clinicians unclear on chaplain roles and resources in suicide prevention



Clarifying Roles- Chaplain vs. SPC Manager

- Spiritual Assessment (vs. Suicide Safety Planning)
 - Spiritual/Emotional needs underlying the presenting issue of suicide ideation
- Lament (vs. Protective Factors)
 - i.e. "If I kill myself will I go to hell?"... "Sounds like you are in hell right now..."
 - Feeding Spirit vs. Preventing Death
- "Spiritual Dimensions of Suicide"
 - Loss of meaning/purpose (meaning making)
 - Perceived spiritual abandonment (ministry of presence)
 - PTSD and Trauma Recovery (spiritual grief/loss work)
 - Suicidal Ideation (life review in context)
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Piloting a Solution (June 2015)

"CSPT Consult"- Inpatient / Outpatient

Template: Chaplain Suicide Prevention Tean Inpatient Consult
Chaplain Suicide Prevention Team Inpatient Consult
Reason for Request: *
☐ Veteran added to Facility High Risk List.
☐ Veteran experiencing spiritual/religious questions; referral made to Chaplain for asse:
Bereavement: Veteran grieving death of loved one.
Bereavement: Veteran died; next-of-kin notified that Chaplain will be in contact.
Other Family Care (please describe below)
Additional Notes:

Results: June 5, 2015 – December 31, 2017

- 297 Consults (average 9 10 / Month)
- 250 Consults, or 84% were outpatients
- 9 Consults, or <3% were for family
- 147 Consults, or 49% were for clients new to Chaplain Service

Suicide Prevention Team Survey (2018)

The "Chaplain-Suicide Prevention Team Consult" has:

- Increased dialogue between SP & Chaplains
- Improved access to care & care enhancement
- Increased awareness & integration of spirituality...







With support from:

VHA Innovation Ecosystem

Durham HSR&D Center of Innovation

Office of Mental Health and Suicide Prevention

National Chaplain Center





Introducing the Mental Health and Chaplaincy Dynamic Diffusion Network



What is the Dynamic Diffusion Network?

A network of MH&C-trained chaplains* and mental health partners who have been identified as leaders in the areas of suicide prevention and moral injury based on approaches they have developed to address these complex problems.

What is "dynamic diffusion"?

An innovative approach to development and dissemination. Care practices are delivered and continuously evaluated under real-world conditions as part of a structured network experience that promotes cross-pollination of ideas and shared learning to generate relatively rapid improvements in care.

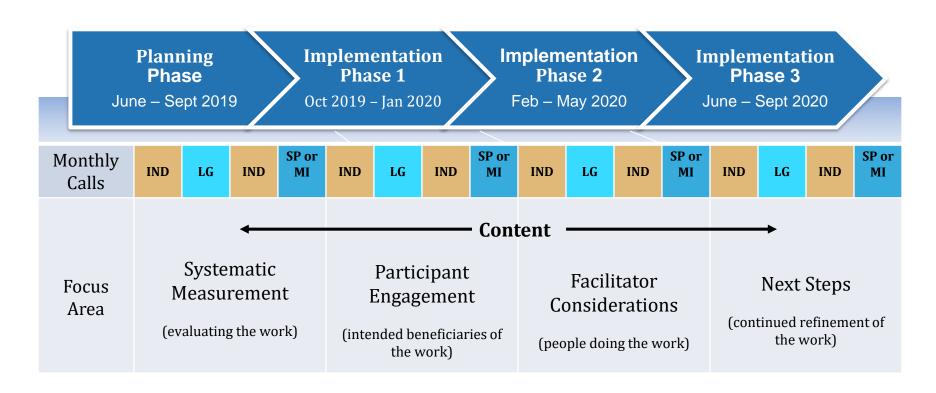
* VA's Mental Health and Chaplaincy (MH&C) office offers a recurring, intensive, yearlong Mental Health Integration for Chaplain Services (MHICS) training. Chaplains in the Dynamic Diffusion Network have completed MHICS (and/or the MH&C Learning Collaborative).





How does the Dynamic Diffusion Network work? What's the structure?





*IND = Individual team; LG = Large Group (all teams); SP or MI = Small Groups of Suicide Prevention (6) and Moral Injury (6) teams



How does the Dynamic Diffusion Network work? What's the process?



Overall Guiding Question:

What is "quality"? How do you know that your practice is worthwhile and working?

> Step 5 Tell the

What message will be most relevant and useful to each audience?

Who needs to hear

about this work?

How will you use data to inform decisions about enhancements?

What specific enhancements will you make using PDSA cycles?

Step 1 Identify Values & Goals

Story

Start Here Quality

Why are you doing this work? What is the value added to your facility

and its stakeholders? How will this work improve Veteran care?

Step 2 **Describe Practices**

Describe the content. and process of your practice.

What are the core (essential) and adaptable (flexible) components?

Step 4 **Enhance Practices**

Step 3 Measure **Practices**

How are you evaluating your work?

How are you capturing key aspects of "quality"?







Dynamic Diffusion Network Sites

ALBANY, NY

Bruce Swingle Joe Hunter

CHEYENNE/DENVER

Carol Carr Sarra Nazem

DURHAM, NC

Ryan Parker David Livesay

HONOLULU, HI

Mike McGruder Carrie Shklov

PITTSBURGH, PA

Gretchen Hulse Nancy Mizak

SPOKANE, WA

Will Wise-Gendusa Emily Crawford



DURHAM, NC

Ryan Parker Brad Rappaport

MADISON, WI

Victoria Fishel James Lickel

MOUNTAIN HOME, TN

Adam Page Mandi Deitz

MUSKOGEE, OK

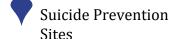
Carter Check Steffanie Ward

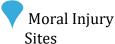
PHILADELPHIA, PA

Chris Antal Peter Yeomans

SAN ANTONIO, TX

Kerry Haynes Pat Pernicano









Chaplains & Postvention

- Suicide Loss is a risk factor for suicide, little research into incidence and prevalence of suicidal behavior among those affected by a suicide loss.
- Postvention is the provision of crisis intervention, support and assistance for those affected by death by suicide.
- Chaplains frequently provide bereavement support to survivors of a death, including crisis counseling, grief groups, funerals and memorial services.
- Postvention is a special kind of bereavement support involving suicide risk, stigma, guilt, complicated grief.

DDN PostVention Team Pilot

A collaboration of Mental Health and Chaplaincy and VHA Innovation, Rocky Mountain MIRECC PostVention and VA Chaplains

- Collaborative effort between Chaplaincy and Mental Health to pilot test a Suicide Postvention Team model that will be charged with providing support and resources to families and employees following a death by suicide.
- 10 facilities will be selected to pilot the Suicide Postvention Team protocol. Pilot facilities will provide feedback and data that will be used to inform national dissemination efforts for the Suicide Postvention Team model.

Dr. Sarra Nazem, RM MIRECC, <u>sarra.nazem@va.gov</u>; Chaplain Carol Carr, <u>carol.carr@va.gov</u>





Objective 3

Describe recent VHA initiatives to partner chaplains and mental health professionals in preventing Veteran suicide

- 1. 2016 Memorandum of Understanding
- 2. Gaps in Chaplain Suicide Prevention Implementation
- 3. Chaplains CARE Online Edition
- 4. NAVAC Specialty Certification in Suicide Prevention
- 5. Chaplains CAVE Suicide Prevention Virtual Education

Memorandum of Understanding

between the VA National Office of Suicide Prevention and the VA National Chaplain Center (August, 2016)

Goals of Collaboration:

- Increased dialogue between Suicide Prevention& Chaplains
- Access to care and care enhancement
- Increased awareness and integration of spirituality in clinical care, including the assessment and management of risk for suicide
- Office of Suicide Prevention recommendation that a chaplain should be a standing member of local High Risk Committee

2017 VA Chief Chaplain Task Forces - Gap Identification

- The 2016 Memorandum of Understanding has had limited implementation.
- High variability in the degree to which chaplains are integrated with mental health in suicide prevention efforts.
- Inadequate referrals, consults, communication and care coordination between chaplains and mental health on high risk Veterans.
- No specialized chaplain training in suicide prevention, other than SAVE ('gatekeeper' training).
- No standards for advanced competencies or practices in chaplain suicide prevention.
- Under-utilization of chaplains in Postvention care.

CLOSING THE GAPS

 Today's presentation highlighted the collaborative work of two mental health and chaplain teams whose work will be improved by participation in the Dynamic Diffusion Network.

 Additional Initiatives are closing the gaps by addressing Chaplain Education and Chaplain Competencies in Suicide Prevention.

Chaplain Education - Call for Action

Marjan G. Holloway, Ph.D., 2017, 'Chaplains-CARE Program' Suicide Care, Prevention, and Research (CPR) Initiative and the Defense Suicide Prevention Office (DSPO)

"Chaplains are an integral component of military suicide prevention and serve as a gateway to care for suicidal service members and their families. To date, there are no standardized, evidence-based suicide prevention strategies developed specifically for Chaplains to support them in this important role. A recently published RAND report (Burnette et al., 2015) highlights the variability of training available to chaplains across the Department of Defense and the need for standardized, evidence-based training in suicide prevention."





Chaplains-CARE Program

Cognitive Behavioral Strategies for Suicide Prevention



Partnership between the Defense Suicide Prevention Office (DSPO), United States Navy Chaplain Corps, and Uniformed Services University of the Health Sciences (USUHS)

Marjan G. Holloway, Ph.D.

USUHS Associate Professor of Medical & Clinical Psychology, Psychiatry Director, Chaplains-CARE Program and Suicide CPR Initiative

Jessica LaCroix, Ph.D.

Research Assistant Professor and Research Psychologist, USUHS Suicide CPR Initiative

Chaplain K. Madison Carter

Deputy Director, Plans and Operations, Office of the Chief of Chaplains









Chaplains-CARE Program Online Edition:

Cognitive Behavioral Strategies for Suicide Prevention

- Previously offered as a 1 week class for Navy Chaplains with Didactics and Simulated Encounters.
- 2019 Online Version provided to 100 VA Chaplains and 400 DoD Chaplains.
- Self-paced online video demonstrations and practice activities.

Dr. Su Yeon Lee-Tauler at chaplains-care-ggg@usuhs.edu

Chaplains-CARE Program Online Edition

- 1. Listening to the Suicide Story and Understanding the Triggers for Suicide.
- 2. Planning for Safety and Lethal Means Counseling.
- 3. Solving Life Problems Using Strategies Other Than Suicide.
- 4. Regulating Emotions to Control Suicidal Urges.
- 5. Building a Social Support Network or Mobilizing Existing Social Support.
- 6. Identifying and Practicing Coping Strategies.
- 7. Building Hope and Reasons for Living.
- 8. Practicing Self-Care and Preventing Professional Burnout.



NAVAC¹ Specialty Competency

- A specialty Certification for Chaplains with Advanced Skills, Training, Experience and Competencies in Suicide Prevention.
- Qualification standards and comprehensive guidance for Chaplains seeking to strengthen clinical competencies in Suicide Prevention.
- Recommended readings and resources are provided for clinical use and for ongoing professional development.

¹NAVAC – National Association of VA Chaplains, over 850 members, learn more at navac.net



Chaplains-CAVE¹ in Suicide Prevention

- CAVE will offer 7 Tracks: Hospice and Palliative Care, PTSD, Substance Abuse and Recovery, Moral Injury, Women Veterans, Mental Health, AND Suicide Prevention.
- CAVE will consist of one year virtual education, including online classes, best practice dissemination, reflection groups, and peer coaches.
- Upon completion of a Chaplains-CAVE Track, chaplains will be equipped to apply for Specialty Certification in that subject area.

¹CAVE: Chaplain Advanced Virtual Education. Contact the VA Chaplain Virtual Education Team: matthew.Cassady@va.gov and Kristen.melton@va.gov



TAKEAWAYS

- Spiritual suffering may be a driver of suicidality.
- Professional healthcare chaplains and mental health providers can collaborate in many ways to prevent Veteran suicide.
- VA Chaplains have a lot to learn in suicide prevention.
- VA Chaplains are committed to excellence in suicide prevention.
- And as exemplified by today's presentation of new initiatives, VA Chaplains are rapidly improving their competencies and inter-disciplinary participation in suicide prevention.

Veterans Health Administration (VHA)

Questions?

