Chaplain Roles in Suicide Prevention, Intervention & Postvention
Chaplain Lowell Kronick, BCC, Associate Director for Education, National VA Chaplain Center

Chaplain Carol Carr, BCC-HPC, Chief of Chaplain Service, Cheyenne WY VA HCS (Health Care System)

Chaplain Ryan Parker, BCC-PTSD, Mental Health Chaplain/ACPE Certified Educator, Durham NC VA HCS
The authors have no conflicts of interest to disclose.

The opinions expressed in this presentation do not necessarily reflect those of the funders, institutions, the Department of Veterans Affairs, or the United States Government.
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.”

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.”

Spiritual Dimensions of Suicide and *Spiritual Care Frames*


– 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
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)*
  – *Intrusive Thoughts (Mantras, meditation, prayer)*
“CSPT Consult” - Inpatient / Outpatient

Reason for Request:
- [ ] Veteran added to Facility High Risk List.
- [ ] Veteran experiencing spiritual/religious questions; referral made to Chaplain for assessment.
- [ ] 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
The “Chaplain-Suicide Prevention Team Consult” has:

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

Likely referral before Consult Tool

Likely referral after Consult Tool

- Guilt & forgiveness struggle
- Grief
- Spiritual/Religious Conflict or concern
- Loss of meaning/purpose (meaning making)
- Perceived spiritual abandonment (ministry of presence)
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?

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<td>Participant Engagement</td>
<td>(intended beneficiaries of the work)</td>
<td>Facilitator Considerations</td>
<td>(people doing the work)</td>
<td>Next Steps</td>
<td>(continued refinement of the work)</td>
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*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 1: Identify Values & Goals
- 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 3: Measure Practices
- How are you evaluating your work?
- How are you capturing key aspects of “quality”?

Step 4: Enhance Practices
- How will you use data to inform decisions about enhancements?
- What specific enhancements will you make using PDSA cycles?

Step 5: Tell the Story
- Who needs to hear about this work?
- What message will be most relevant and useful to each audience?

Start Here: Quality
Dynamic Diffusion Network Sites

ALBANY, NY
Bruce Swingle
Joe Hunter

CHEYENNE/DENVER
Carol Carr
Sarra Nazem

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

SPOKANE, WA
Will Wise-Gendusa
Emily Crawford

Suicide Prevention Sites
Moral Injury Sites
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, sarra.nazem@va.gov; Chaplain Carol Carr, carol.carr@va.gov
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
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.
“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

Suicide CPR Initiative
Suicide Care, Prevention, and Research Initiative

ChooseVA
VA U.S. Department of Veterans Affairs
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
1. Listening to the Suicide Story and Understanding the Triggers for Suicide.


4. Regulating Emotions to Control Suicidal Urges.

5. Building a Social Support Network or Mobilizing Existing Social Support.


7. Building Hope and Reasons for Living.

8. Practicing Self-Care and Preventing Professional Burnout.
NAVAC\textsuperscript{1} 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.

\textsuperscript{1}NAVAC – National Association of VA Chaplains, over 850 members, learn more at navac.net
• 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
• 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.
Questions?