

# A VA Chaplain Explores Spiritual Ministry to Veterans Struggling with Suicide Ideation

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# Core Themes

What VA Chaplains Bring to an Interdisciplinary Team Approach to Working With Veterans With Suicide Ideation.

The Unique Contributions of Former Military VA Chaplains.

What are the “Spiritual Wounds” That Chaplains Can Effectively Work With?

Survey Results.

# **Survey of VA Chaplains Serving in VA Medical Centers Throughout the US**

- **Responses included representatives from all VISNS.**
- **The rate of return of surveys was 51%.**
- **The survey includes questions that provide demographic information such as age, gender and title of the respondent but not information that would identify individual respondents.**
- **The information about survey responses that follows is preliminary. It is the result of initial analysis of the data which was conducive to simpler analysis and most pertinent to this presentation.**
- **The responses provide many insights that may lead to better use of the skills, talents and experience of VA Chaplains. Certainly VA Chaplains are interested in being part of multidisciplinary teams. There are several indicators in the military related suicide field that support chaplain involvement.**

# What Chaplains bring to the table:

- Chaplains tend to the wounds of the soul and conscience.
- Chaplains deal with guilt – they are in the “forgiveness business”- and guilt is a key element of suicidal ideation among many Veterans.
- Chaplains understand the symbols, stories, and rituals of religious life that convey reasons for hope.
- Chaplains are in a unique position to reframe and reinforce other aspects of treatment as ways to deal with issues that block a deeper relationship to one’s higher power.

# What Chaplains Say:

- “What seems essential in my experience is helping the Veteran find Hope, Meaning in his/her situation, and a reason for living.”
- “I applaud the initiatives and progress within the VA to address these issues... The VA needs to become more responsive as a total community of care to Veterans struggling with Suicidal Ideation ....”

# VA Chaplains Also Said:

- “The general trend in suicide prevention programs I have attended tried to avoid any spiritual aspect of intervention, e.g. ‘Do not speak about the value of life because it creates guilt feelings.’ Value of life is a positive aspect of life. I think many psychologists who teach or train others in prevention programs want to avoid any kind of supernatural/spiritual aspect of life. I would submit that chaplains involved in leadership in preventing suicide would change this ‘No God’ attitude of the current Suicide prevention program.”
- “As a standard platform I see SI in Vets as a bottom line position resulting from seeking help from inappropriate remedies. In essence, a loss of hope and meaning in recovery. What I bring is ‘Try God’ to the picture of recovery ... Try the ‘Way’ of life in faith as the means of reestablishing all levels of relationship, inter, intra and ultra.”

# Spiritual History

- What helps you get through some tough times?
- To whom do you turn when you need support?
- What meaning does this situation have for you?
- What are your hopes, expectations and fears?
- Do you consider yourself spiritual?
- How important are your religious beliefs and spirituality, and how do they influence how you are dealing with things now?
- Are you part of a religious or spiritual community?

# Wounds of War

## War Related Experiences Inventory

The wounds of war can be grouped under overarching headings that include Physical/Mental Disease, Combat Related Disease and Spiritual Disease.

Some of the wounds of war include Grief, Soul Wounds, and Wounds of Conscience or Spiritual Wounds. These are slightly different from Physical/Mental and Combat Related Diseases of war such as PTSD, Traumatic Brain Injury, Combat Operational Stress Reaction, Military Sexual Trauma, Depression, or Substance Abuse.

Taking an inventory of war related experiences a soldier may encounter that relate to spiritual issues can indicate areas that a VA Chaplain can effectively address from a religious perspective.

Taken from "Welcome Them Home, Help Them Heal: Pastoral care and ministry with service members returning from war"  
Sippola, Blumenshing, Tubesing, & Yancey, 2009



## Spiritual Disease Wounds of War

1. Fired Upon (Grief, Soul Wound)
2. Killed a soldier (Grief, Soul Wound, Wound of Conscience)
3. Killed a child (Grief, Soul Wound, Wound of Conscience)
4. Killed a woman (Grief, Soul Wound, Wound of Conscience)
5. Mistakenly killed/wounded fellow soldier (Grief, Soul Wound, Wound of Conscience)
6. Survived a blast/buddy didn't (Grief, Soul Wound, Wound of Conscience)
7. Blow to head/concussion (Grief)
8. Witness severe wounding of buddy (Grief, Soul Wound, Wound of Conscience)
9. Witness death of buddy (Grief, Soul Wound, Wound of Conscience)
10. Sight of decomposing, mutilated bodies. (Grief, Soul Wound, Wound of Conscience)
11. Experienced stench of dead bodies (Grief, Soul Wound)
12. Handling dead bodies (Grief, Soul Wound)
13. Witnessed/tried to rescue someone who died (Grief, Soul Wound, Wound of Conscience)
14. Lived in constant danger of death or injury (Grief, Soul Wound)

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| 15. Constant worry of nuclear, chemical or biological attack    | (Grief, Soul Wound, Wound of Conscience) |
| 16. Witnessed or discharged a “mercy” killing                   | (Grief, Soul Wound, Wound of Conscience) |
| 17. Destroying someone’s home or property                       | (Grief, Soul Wound, Wound of Conscience) |
| 18. Witnessed/participated in atrocities                        | (Grief, Soul Wound, Wound of Conscience) |
| 19. Saw/participated in torture of soldiers, civilians, animals | (Grief, Soul Wound, Wound of Conscience) |
| 20. Intentional killing of non-combatants                       | (Grief, Soul Wound, Wound of Conscience) |
| 21. Physically assaulted enemy or fellow soldier                | (Grief, Soul Wound, Wound of Conscience) |
| 22. Was physically assaulted by fellow soldier                  | (Grief, Soul Wound, Wound of Conscience) |
| 23. Sexually assaulted someone                                  | (Grief, Soul Wound, Wound of Conscience) |
| 24. Being sexually assaulted                                    | (Grief, Soul Wound, Wound of Conscience) |
| 25. Being sexually harassed                                     | (Grief, Soul Wound, Wound of Conscience) |
| 26. Fear of sexual assault                                      | (Grief, Soul Wound, Wound of Conscience) |
| 27. Sustained mild TBI (Grief)                                  |  |
| 28. Suffering from PTSD   | (Grief, Soul Wound, Wound of Conscience) |
| 29. Suffering from Depression                                   | (Grief, Soul Wound)                      |
| 30. Suffering from combat operational related stress            | (Grief, Soul Wound, Wound of Conscience) |
| 31. Abusing substances  | (Grief, Soul Wound, Wound of Conscience) |

- 32. Suffering from grief (Grief, Soul Wound, Wound of Conscience)
- 33. Suffering from soul wounds (Grief, Soul Wound, Wound of Conscience)
- 34. Suffering from wounds of conscience (Grief, Soul Wound, Wound of Conscience)

### **Home Related Experiences**

- a. Divorce; breakup of long term relationship  
w/significant other (Grief, Soul Wound, Wound of Conscience)
- b. Alienation from children/grandchildren (Grief, Soul Wound, Wound of Conscience)
- c. Loss of job/ability to earn living due to  
disability or war injury (Grief)
- d. Loss of driving license due to DUI or  
stigma/shame of a prison record (Grief)

Chaplain Sippola and his team also put together a “Wounds of War Symptoms Inventory” listing the various symptoms under six overarching categories: emotional, physical meaning mind and body, relational, social, occupational and spiritual. This is also a useful inventory for identifying specific symptoms that fit with the Chaplain’s area of expertise.

Interfaith Suicide Prevention Dialogue, 3/12/08, Rockville, MD  
Statement on Suicide and Suicide Prevention

Life, according to the statement, is a sacred gift. Suicide is a desperate act by one who views life as intolerable. Such self-destruction is never condoned, but faith communities increasingly support, rather than condemn the *person* who contemplates or engages in suicidal behavior ... reaching out compassionately to the person who attempts suicide and to families and friends ... It renders no longer appropriate the practice of harshly judging those who have attempted or died by suicide ... The time is right for the life-enhancing strengths that are foundations of our most ancient faith traditions to find application in preventing ... suicide.

This statement was the result of dialogue among Buddhist, Christian, Hindu, Jewish and Muslim representatives.

# Elijah

- The Biblical prophet Elijah represents an example of suicide prevention. At a certain point in his life, he is weary and hungry and expresses a wish to die. This statement is listened to and Elijah is given food and drink and allowed to rest (1 Kings 19:4-8). On the basis of these life-promoting actions, Elijah recovers his strength and goes on to Mt. Horeb.

We must pay attention to suicidal cues and statements. Oftentimes a simple caring, life-promoting gesture can be very critical in preventing suicide.

# Job

Job follows the Biblical injunction that one is born against one's will, and dies against one's will, and expresses his freedom in the way he lives his life. (Babylonian Talmud, Avot. 4.29). He overcomes major losses in his life by deepening his faith in his Creator Who provides him with an inherent meaning for his life. Job need not continuously search for such meaning through catastrophizing and over-interpreting relatively minor misfortunes.

We must offer a positive message of hope and meaning to suicidal people. Otherwise, a person may engage in destructive and lethal actions, both to oneself and to others, in an attempt to find this meaning.



## Jonah

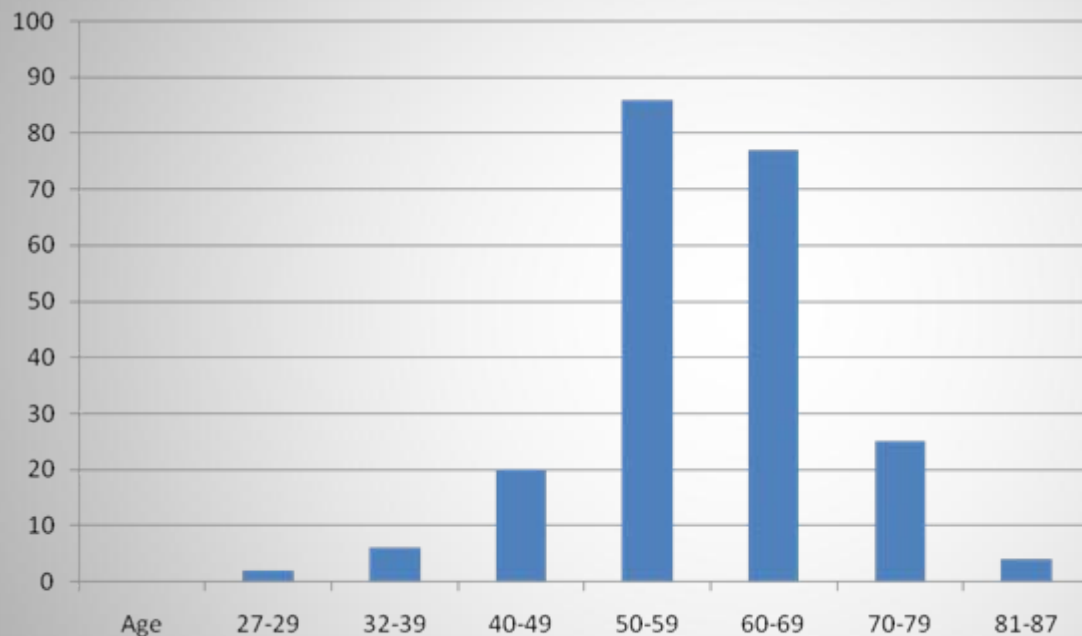
The story of Jonah begins with Jonah placed in a terrible dilemma. God calls on Jonah to go to warn the people of Nineveh of their wickedness. Johan does not want to go, but he is too God-fearing to defy the command and too strong-willed to submit. He runs away in confusion to Tarshish and tells his shipmates to throw him overboard.

The story could thus end in Jonah's suicide *but it doesn't* – God intervenes as a protective parent, swallowing Jonah in the protective stomach of a great fish until he overcomes his confusion. Jonah prays to God from the belly of the fish until he becomes stronger. Then the fish vomits him out on dry land.

Jonah seems to be caught in a pattern that repeats itself. When God asked Jonah the second time to go to Nineveh he went and passed on God's message. The people repent and are saved. Jonah becomes angry and again expresses the wish to die and leaves the city to sit on the outskirts. Again, God intervenes, sheltering Jonah with a gourd from the burning sun.

After a worm destroys the protective gourd, Jonah once again expresses suicidal thought. God once again intervenes engaging Jonah in a mature dialogue to teach him the message of teshuvah, repentance or return and divine mercy, and that he CAN reach out to another without losing himself.

# Age of VA Chaplains who responded to this survey:



220 Respondents provided information about age out of 234 returned surveys.

Mean = 58.68 years

Minimum age was 27; Maximum age was 87

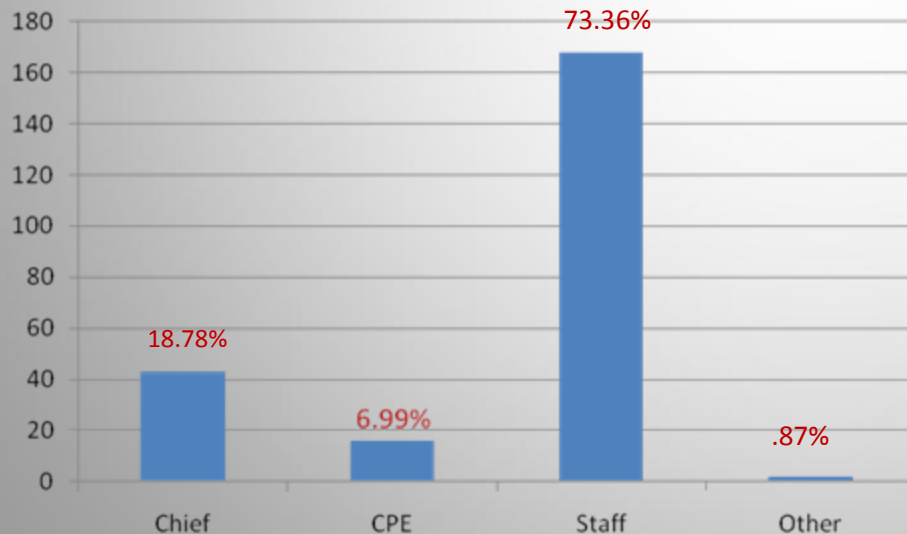
Overall, VA Chaplains are experienced in their work and many have prior military experience with suicide training while on active duty.

# GENDER AND TITLE OF SURVEY RESPONDENTS:

## Gender:

- 193 were male – 84.65%
- 35 were female – 15.35%

## Title:



The ratio of male to female Chaplains is very similar to that in the active duty military. Chaplains who serve on active duty are likely to come into contact with soldiers who have suicidal ideation issues.

# Do VA Chaplains Encounter Suicide Issues?

- “I believe it is vital that chaplains be involved in reducing suicides. Many Veterans come to us first. I have spoken and intervened in at least 10 such Veterans who sought me out instead of their primary [health care provider] or mental health provider” --- Comment from a survey respondent.
- 77.83% of Chaplains said they had known someone who committed suicide.
- For 38.60% it was someone they knew personally
- 25.15% knew the person professionally
- 36.26% knew persons in both capacities

# What do VA Chaplains Do When They Encounter Suicidal Ideation?

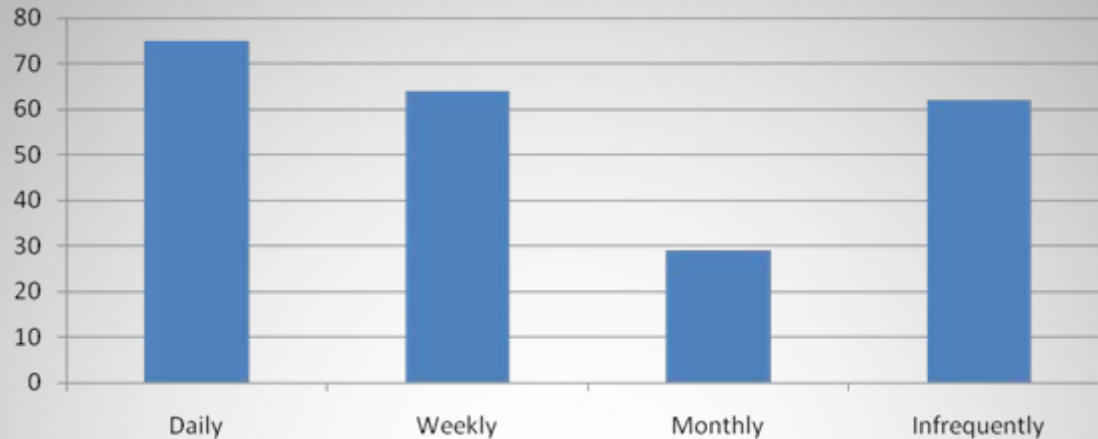
Overwhelmingly, VA Chaplains say that they refer to MH Services when they encounter a Veteran who shows signs of suicidal ideation (96.19%).

“...Veterans are at a high risk for suicide. Chaplains should play an important *supportive* role in suicide intervention and prevention. They can be especially helpful for those who rely on their spiritual and religious orientation for coping skills.” (Italics added)

How likely are VA Chaplains to follow up on a referral to MH, make a call for the veteran, facilitate an introduction for the veteran, or get feedback after the referral is made?

- 71.10% of the respondents who made a referral, followed up with MH
- 52.10% of those making a referral called MH.
- 60.12% of the respondents who made a referral also facilitated an introduction to a MH provider.
- 63.31% received feedback from MH

## How frequently do VA Chaplains Interact with VA MH Services?



Contact between VA Chaplains and VA MH Services does appear to have some reciprocity. **63.31%** of respondents indicated that they receive referrals from MH to deal with suicide issues.

It also appears that VA Hospitals vary in the amount of contact Chaplains have with MH Services. Two comments from respondents illustrate both ends of the continuum:

“My immediate supervisor has strongly objected to my stating that a pt should be evaluated for mental health concerns. I have a graduate degree in psychology ... objects to any use of my training and skills that is not chaplain work.”

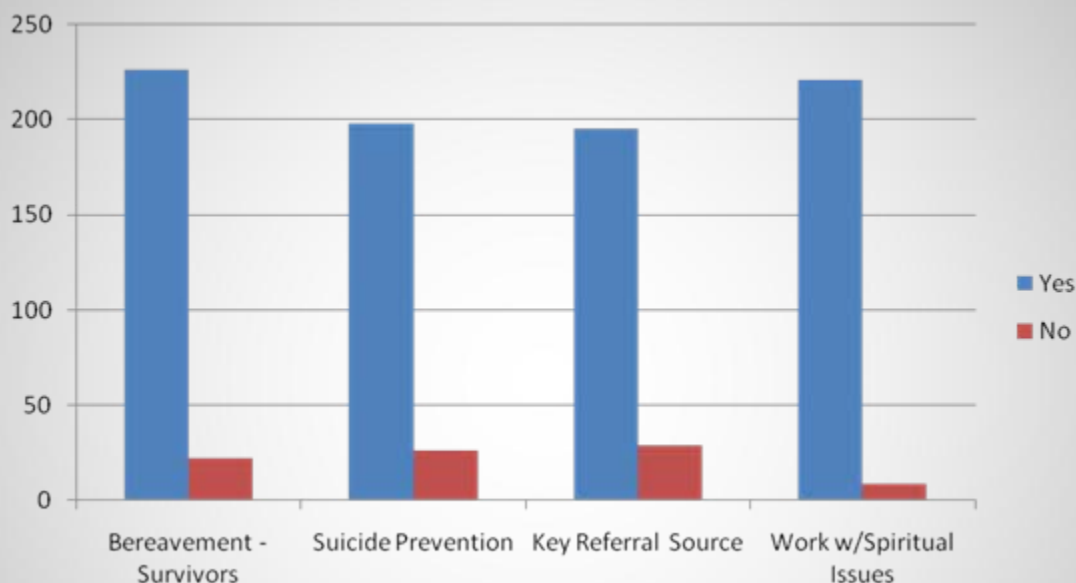
“Our VA has been proactive in ... using us in the intervention of possible suicide patients. We make daily visits to psych/de-tox and are alerted to any possible situation before it arises.”



# The Relationship Between VA Chaplains and VA Mental Health Services.

A close connection between VA Chaplains and VA Mental Health Services means that MH is more likely to refer Veterans with suicidal ideation to Chaplains.

# What do VA Chaplains see as their appropriate role in the area of suicide?



“CPE training isn’t enough for what we are doing. We [rely] very heavily on psych folks here at this VAMC. I’d like to see us chaplains used to do more than show up and pray. I see our job as walking into the trenches and helping our Veterans find purpose and meaning in their lives.”

# How prepared do VA Chaplains believe themselves to be to deal with suicide issues?

VA Chaplains rate their own levels of training:

**Poor - .87%**

**Fair – 15.22%**

**Good – 51.30%**

**Excellent – 32.61%**

Respondents' assessment of the necessity of suicide specific training:

**Not Necessary – 087%**

**Necessary – 29.87%**

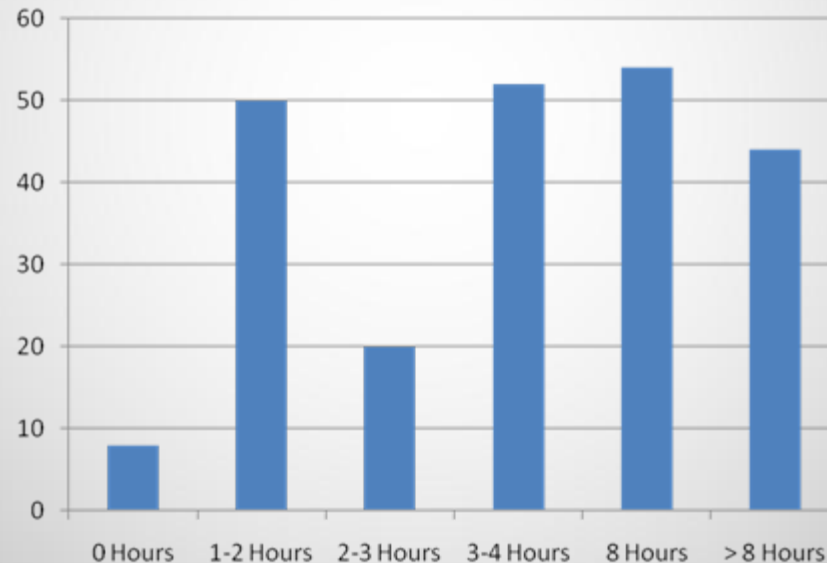
**Should Be Required – 69.26%**

Respondents estimated the amount of suicide specific training they now have:

The **mean number of hours reported was 24.21** (Std.Dev = 33.85) and a **mode of 10 hours**; 18 reported between 0 and 1 hour of training and 13 indicated more than 100 hours of training.

## Amount of time VA Chaplains say they are willing to spend in training given their current commitments:

- 91.56% of Chaplains who participated in the survey indicated that they would be willing to receive training in suicide issues.
- The amount of time Chaplains would be willing to spend in training:



The most preferred mode of training is (a), with (b) second and (d) and (e) tying for third place.

# The Connection Between Self-Reported Knowledge of Suicide Issues and Willingness to Commit the Most Time To Training in the Next Year

It is those VA Chaplains with the best self-reported knowledge of suicide issues (excellent) who are willing to commit the most time (31%) over 8 hours to training in the next year.

Among Chaplains with poor to fair knowledge of suicide only 24% were willing to commit 8 hours or more to training in the coming year.

Among those with good or excellent knowledge, 47% or 46% (respectively) would be willing to commit 8 hours in the coming year.

This suggests that the higher the perceived knowledge of suicide issues the stronger is the awareness that more training is useful.

# Conclusions

- There are wounds associated with the war experience that spiritual ministry can positively impact.
- Closer ties between VA Chaplaincy and VA MH Services are likely to result in more referrals from MH to Chaplains for spiritual ministry.
- Chaplains are willing to participate as part of treatment teams.
- Many VA Chaplains have worked with suicide ideation as part of their previous military service duties.
- Chaplains are both well trained and willing to participate in ongoing training about specific suicide issues.