The Clergy Connection

August 2015

Act as if what you do makes a difference. It does. ~ William James

Newsletter of the National VA Chaplain Center **Rural Clergy Training Program**

This issue of ***The Clergy Connection*** will focus attention on what clergy and congregations can do to protect against suicide and will emphasize the importance of healthy relationships of support with warriors.

Twenty percent of suicides in America are committed by Veterans, who make up 10% of the population, with 49,000 taking their lives between 2005 and 2011. Seventy percent of suicides are of Veterans over 50, a particularly vulnerable population.

Chaplain David Thompson. US Navy Chaplain (retired) wrote about this national problem in "More Veterans Killed by Suicide than by Combat," published in the Summer 2015 Issue of *The Military Chaplain*.

"Many of our Veterans who take their lives belong to Veteran's organizations or churches which may be too superf cially engaged with their members to notice and intervene in helping a Veteran who is going through a dark time.

As much as the VA is doing to address this problem (and they are addressing the suicide issue), without the help of neighbors and friends and congregational care systems having eyes and ears to see Veterans in trouble in our communities, this problem with persist at scandalous levels. The problem of "let the other guy do it" is as old as the Biblical Story of the Good Samaritan from the Christian tradition.

Knowing the alarming number of suicides, we as members of Veterans organizations and faith communities (along with the VA), need to organize and respond in multidisciplinary ways to address this problem and understand the multiple crises that lead a Veteran to take his/her life after years of service to our country.

No Veteran should stand a better chance of being killed by their own hand upon returning home from war than they faced from an enemy in a combat zone. There is just something wrong with this picture...and we just can't turn away from this problem." ☙

Read the full article at: http://mca-usa.org/wp-content/uploads/2015/06/TMC_Summer_2015_web.pdf.

The Clergy Connection is a publication of the Veterans Health Administration (VHA) Office of Rural Health (ORH) and National VA Chaplain Center "Rural Clergy Training Program." For more information, contact: Jim Goalder, jim.goalder@gmail.com.

Veterans Crisis Line
1-800-273-8255 PRESS 1
Confidential help for Veterans and their Families.

Practical Pastoral Tips 1: Focus on Your Pastoral Skills

First, let's get one myth behind us, the myth that talking about suicide may give someone the idea. You will not trigger ideas of suicide by talking about it. Some research suggests that the opposite may be true—that introducing the topic of suicide and talking about it openly may decrease the likelihood of suicide. But how can you open such a conversation? Here are a few tips from the following website: www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm.

Ways to start a conversation about suicide (expression of concern):

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you haven't seemed yourself lately.

Questions you can ask (exploring the circumstances):

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help?

What you can say that helps (inserting healthy thoughts):

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage.

Questions to Consider

1. *How can you get more comfortable with asking about suicide potential? We suggest that you f nd a friend or colleague who is also concerned about this issue. Practice conversations with him or her. Practicing will decrease your own anxiety and give you a "practiced path to follow" in talking about suicide.*
2. *How can you get more comfortable with asking about suicide potential? After you've practiced with a colleague or friend, learn by doing. Begin checking out Veterans who visit you when you f nd some predictors of suicide potential. And, if you run into something unexpected, call the Veterans Crisis Line (1-800-273-8255 and Press 1). Professionals will speak with your Veteran or provide you guidance on how to proceed. The professionals at Coaching into Care (www.mirecc.va.gov/coaching/) can also help you to learn how to help a warrior make the decision to get professional help.* ☙

Your Story Matters

A reasonable question to ask is whether clergy have opportunities to intervene with potentially suicidal Veterans. While there appears to be no direct information from Rural Clergy Training Project (RCTP) evaluations to answer this question, some responses are quite suggestive. The RCTP has collected data from its training participants about the types and incidence of Veteran issues (e.g., military combat stress) they work with. Those f ndings can be compared with the predictors of suicide to suggest whether clergy have the potential of intervening with suicidal Veterans. Evaluation results suggest a fairly good match between 1) the type of problems rural clergy see and 2) predictors of suicide.

Frequently Seen Problems by Clergy

- Marital/family problems
- Social/employment/legal problems
- Problems with combat stress
- Problems with alcohol or drugs
- Problems related to anger/violence
- Grief, as related to military service

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Practical Pastoral Tips 2: Focus on Your Community

Just as there are risk factors for suicide, research has also found some protective factors. Protective factors are characteristics that, when found, reduce the likelihood of suicide. These include 1) availability of mental health resources and effective ongoing care, 2) family and community support, 3) cultural or religious values that discourage suicide, and 4) skills in problem-solving, stress management, conf ict resolution and non-violent ways of handling disputes.

Questions to Consider

1. *Values that discourage suicide are embedded in many faith communities, though sometimes as background values. What are some of these values? How could you reinforce these values, making them more salient in your house of worship?*
2. *Faith community support can also connect people in ways that reduce the likelihood of suicide. How could you educate your faith community about suicide, making it a stronger protective factor? From the pulpit? Other ways?*
3. *The development of skills is also important to quality of life. Research suggests that individual or group interventions aimed at better managing stress, problem-solving or handling conf ict can reduce the incidence of suicide. Many houses of worship have retired professionals within their congregations. What suicide-reducing skills could your professionals offer to your community?*
4. *Effective mental health resources greatly reduce the likelihood of suicide. How broad is your knowledge of mental health resources in your community? How could you engage your community mental health professionals in ways that would increase your effectiveness in making referrals?* ☙

Community Success Story: Dryhootch

Bob Curry, a Vietnam Veteran who was diagnosed with post-traumatic stress disorder (PTSD) wanted to do something for younger Veterans returning home. He was aware that many older Veteran Service Organizations gathered around a bar at their facilities. But, given the co-morbid relationship between PTSD and substance abuse, he did not want alcohol involved with his effort. He set up the f rst Dryhootch in 2010 in Milwaukee. It was a coffee house where Veterans of any age and branch of service could gather for conversation. Coffee? The coffee house offers Marine Mud, Navy Destroyer, Special Forces Bold or VA Transfusion. A fundamental concept is peer support.

*"**Peer Support** is the basis for everything we do at Dryhootch. The brothers and sisters that had your back while in service are now here at Dryhootch, providing you with that same support in "the real world." They can give advice on benef ts, explain how they made the transition back, or just be a buddy that can f nish your sentences. It is behind everything we do here."*

While other services are offered, peer support is a foundation for all. A recent survey of the Dryhootch program found that the most valuable asset at Dryhootch was the opportunity to chat informally and network with other Veterans. There are now Dryhootches at seven locations is Illinois.

Questions to Consider:

1. *What is it about Veteran-to-Veteran contact that is unique in its social support for Veterans?*
2. *There are no data on the relationship between social support at Dryhootch and suicide. Do you think that the opportunity for a Dryhootch experience might lessen the likelihood of Veteran suicide? Why or why not?*
3. *What other houses of worship, businesses or other organizations might join you in your setting to set up a place for Veterans to meet and support one another? Who could lead such an effort? How can you ensure Veteran involvement? What would be your f rst step in setting up such an opportunity for Veterans?*

Want to know more? http://dryhootch.org/ ☙

Did You Know? Risk Factors for Suicide

Much is known about suicide through research. For example, we know what characteristics make a suicide attempt more likely. These risk factors generally fall into f ve areas: 1) health (including mental health), 2) past history, 3) current history 4) feelings, attitudes and tendencies and 5) speech.

Health

- Serious or chronic health condition or pain
- Mental health conditions such as depression or PTSD

Past History

- Suicide of a family member
- Having been maltreated as a child
- Previous suicide attempt
- Alcohol or substance abuse

Current History

- Stressful life events such as divorce, deaths or job loss
- Prolonged stress such as harassment, bullying, relationship problems or unemployment
- Access to a lethal weapon such as a f rearm or drugs

Feelings, Attitudes and Tendencies

- Sense of hopelessness
- Impulsive or aggressive tendencies
- Feeling isolated or cut off from other people
- Unwillingness to seek help because of stigma related to mental health, substance abuse or suicide

Speech

- Talking about wanting to die
- Talking about feeling trapped
- Talking about feeling unbearable pain, or feeling like a burden to others
- Statement of intent to end one's life

No one risk factor indicates that a suicide attempt is likely. But a combination of these risk factors may predict such an attempt. When you become aware of a cluster of these factors in a warriors life, ask whether he or she is having thoughts of suicide. See Practical Pastoral Tips 1 on page 2 to see how you might approach this task.

Research

Houses of worship are well-known for the social support they can bring to the lonely. But is there a relationship between social support and potential for suicide? One study assessed the relationship between self-reported satisfaction with social support and suicidal thought in Veterans with and without PTSD. Logistic regression analyses were carried out using a cross-sectional data sample of 431 Veterans. Findings indicated that married Veterans were less likely to have an elevated risk for suicide than were unmarried Veterans. Additionally, Veterans who reported greater satisfaction with their social networks were found to be at lower risk of suicide than were Veterans reporting lower satisfaction. However, a diagnosis of PTSD diminished the protective inf uence of social networks. These f ndings strongly suggest the importance of perceived social support for Veterans in reducing the likelihood of suicide. They also suggest that, to be effective, the social support must be ongoing rather than occasional.

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The RCTP Webinar Library is Growing!

The Rural Clergy Training Program (RCTP) website has several recorded webinars available for viewing online.

Register for upcoming or view previous webinars at www.ruralhealth.va.gov/ruralclergytraining/webinars.

August Webinars

"Recognizing and Addressing the Needs of the Terminally Ill Veteran"
Aug 18, 2015, 2:00pm-3:30pm ET
Presenters: Rev. William Nelson, PhD and Rev. Robert Macauley, M.D.

This webinar will identify the needs of terminally ill Veterans. Building from an understanding of Veterans' needs, it will explore the role of both the clergy and their specif c faith community in offering supportive care. It will use several examples to demonstrate various practical approaches for pastoral care and will provide participants with an opportunity to explore their experiences.

"Moral Injury and Clergy"
Aug 26, 2015, 2:00pm-3:30pm ET
Presenter: Kent Drescher, PhD
This webinar will provide up-to-date information about the new construct moral injury. Moral injury focuses on important but rarely addressed aspects of military trauma that play a key role in recovery. It is important because the themes and issues that emerge include aspects of care that overlap the disciplines of mental health and chaplaincy.

Previous Webinars

In case you weren't able to join us for the live broadcast you can view the webinar recordings. Visit the RCTP Webinar page for more information about each session and to access the recording.

- *"Overview of Women Warriors: An American History, Past and Present,"* presented by Chaplain Priscilla Mondt and Dr. Jim Goalder
- *"Helping Veteran Families: PTSD and Family Relationships,"* presented by Dr. Michelle D. Sherman and Karen A. Guthrie, LCSW
- *"How to Start and Facilitate a Support Group for Veterans,"* presented by Dr. Patricia Sweeney
- *"Rural Clergy and Conf dentiality: An Ethics Review,"* presented by Dr. William Nelson
- *"Bringing Your Community Together to Bring Our Veterans Home,"* presented by Chaplain Steve Sullivan

Research (continued from page 4)

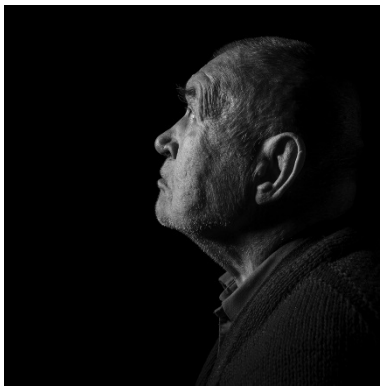
Questions to Consider

1. *What efforts could your house of worship or community take to promote healthy Veteran marriages and families?*
2. *The Rural Clergy Training Project has recently hosted a webinar on the mechanics of setting up and running Veteran support groups, see: https://chapvaco.adobeconnect.com/p6oqceqxwqa/. Support from other Veterans can be especially powerful in protecting against suicide. What would be the f rst step in your community in setting up a support group for Veterans?*
3. *What other things could your house of worship or community to establish and maintain networks of support for Veterans?*

Want to know more?

1. Jakupcak, M., Vannoy, S., Imel, Z., Cook, J., Fontana, A., Rosenheck, R & McFall, M. (2010) Does PTSD moderate the relationship between social support and suicide risk in Iraq and Afghanistan war Veterans seeking mental health treatment? Depression and Anxiety, 27, 1001-1005.
2. Visit: http://go.va.gov/uccr

A Story for Reflection



These are the words of Arthur, an Army Vietnam combat Veteran, who had considered suicide.

"You isolate yourself. You have a total distrust for any authority whatsoever. You have an anger problem. There's deep depression. You want to be left alone and you're not close to people whatsoever. So those are some of the symptoms that manifested themselves over the years.

I didn't see myself as needing help. First of all, nobody understood what I went through and, number two, I didn't see myself as doing anything wrong. I started having serious problems at work. I started having serious problems with some people I was working with on a daily basis. I had problems communicating with management ... I was confused. I didn't know what was happening to me. I was frustrated. I was angry. I isolated myself a hundred percent. It was so bad ... I just wanted to commit suicide."

The remainder of Arthur's story is about someone who identif ed and understood the meaning of his symptoms and got him into professional help. His response? "They immediately got me into a social worker (who) saved my life."

Questions to Consider

1. *" ...nobody understood what I went through..." What things could happen in your community that could convince Arthur that someone understood what he had been through and have him feel less alone?*
2. *For Arthur, symptoms that increased over time led to great confusion (thought) and frustration and anger (feelings). Those characteristics caused disruption in life activities such as work and relationships. There was a sense of both hopelessness and helplessness in Arthur's statements. What might you, your house of worship or your community do to lessen a sense of helplessness in Veterans? To lessen a sense of hopelessness in Veterans?*

Want to hear more stories about suicide?
http://maketheconnection.net/conditions/suicide ꕥ

Subscribe now!

To receive *The Clergy Connection* newsletter email and other information from the Rural Clergy Training Program sign up today at www.ruralhealth.va.gov/ruralclergytraining/subscribe.asp! ꕥ

Your Story Matters (continued from page 2)

Predictors of Suicide

- Prolonged stress
- Mental health conditions
- Alcohol or substance abuse
- Impulsive or aggressive tendencies
- Stressful life events

This pairing of conditions does suggest that clergy can have an important role in identifying the potential for suicide in Veterans they see. A key would seem to be vigilance.

A Question to Consider

1. *What cues or reminders could you place in your office to help you remain vigilant in looking for signs of potential suicide?* ꕥ