

LIBERTY UNIVERSITY BAPTIST THEOLOGICAL SEMINARY

Every Life Matters to God: A New Paradigm of Care for Suicide Prevention

A Thesis Project Submitted to
The faculty of Liberty Baptist Theological Seminary
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Doctor of Ministry

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Liberty University Baptist Theological Seminary

Thesis Project Approval Sheet

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THE DOCTOR OF MINISTRY PROJECT

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Since 2001, National Guard soldiers and airmen have been ordered to multiple deployments in Iraq and Afghanistan. The Department of Defense (DOD) has released data that shows a dramatic increase in suicides by military personnel. This author has chosen this topic to develop a pastoral care strategy, by civilian clergy and/or military chaplains, to help lessen the number of suicides by National Guard personnel. The research will introduce a strategy in which pastoral care practitioners can be actively involved in the therapeutic counseling of National Guard soldiers and airmen who may be at risk. Currently, there is a lack of best practices to incorporate pastoral care as a necessary segment of therapeutic recovery and resiliency process. Information regarding suicide incidents will be obtained by data released by the DOD and other sources. The strategy will be presented using research data gathered through surveys sent to current Chaplains and civilian clergy.

Abstract length: 150 words.

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LIST OF TERMS AND ABBREVIATIONS

ANG – AIR NATIONAL GUARD

ARNG – ARMY NATIONAL GUARD

ASIST – APPLIED SUICIDE INTERVENTION SKILLS TRAINING

ASPP – ARMY SUICIDE PREVENTION PROGRAM

CDC- CENTERS FOR DISEASE CONTROL

CHPPM – CENTER FOR HEALTH PROMOTION AND PREVENTATIVE MEDICINE

CSSRS – COLUMBIA SUICIDE SEVERITY RATING SCALE

DA – DEPARTMENT OF THE ARMY

DOD – DEPARTMENT OF DEFENSE

OCC – OFFICE OF THE CHIEF OF CHAPLAINS (ARMY)

MDARNG – MARYLAND ARMY NATIONAL GUARD

MDDF – MARYLAND DEFENSE FORCE

MOS – MILITARY OCCUPATIONAL TRAINING

PTSD – POST TRAUMATIC STRESS DISORDER

REINTEGRATION – the process of briefing post-deployment military personnel and moving them back into civilian lives

RESILIENT - the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks.

SUICIDE SURVIVOR – family members and close friends of one who dies by suicide.

UCMJ – UNIFORM CODE OF MILITARY JUSTICE

USAF – UNITED STATES AIR FORCE

USN – UNITED STATES NAVY

VA – VETERANS ADMINISTRATION

VSO – VETERANS SERVICE ORGANIZATIONS (AMERICAN LEGION, VFW, AMVETS)

Chapter 1

As a former Army Chaplain, and current Chaplain in the Maryland Defense Force (MDDF), the rise in the number of suicides in the ranks of military personnel over the past decade has increased significantly.

The Department of the Army (DA) has tried several strategies to try to prevent the occurrence of these incidents. The group training sessions that are done on drill weekends for a National Guard unit focuses on the need for individuals to identify and act on warning signs of their fellow soldiers who may be considering suicide. While this training is required, it is met with hesitation by some who feel they are exhibiting weakness by seeking help.

The National Defense Authorization in 2009 established a task force to study how to prevent suicide by members of the armed forces. One of the challenges to care identified by the task force was “military cultural norms, while beneficial for survival and mission accomplishment on a battlefield, can sometimes stifle responsible help seeking behavior.”¹ In my experience, some personnel saw it as another block of training to complete in order to get paid for attending drill or to not get into trouble with the command structure. As part of the overall suicide prevention program by the Department of the Army, the Army Suicide Prevention Program (ASPP)² utilizes Chaplains as unit leaders to help deliver the training as well as

¹ Department of Defense, *Executive Summary – Task Force Vision Statement*, August 2010, accessed Nov 12, 2016, http://www.stripes.com/polopoly_fs/1.115776.1282666756!/menu/standard/file/Suicide%20Prevention%20Task%20Force_EXEC%20SUM_08-20-10%20v6.pdf

² Department of the Army, *Army Suicide Prevention Program Annual Guidance*, May 2007, accessed Nov 11, 2016, <http://www.hqda.army.mil/daen/engineer/Sucide%20Awareness.pdf>

providing screening of personnel through individual counseling sessions that is requested by the service member.

If the Chaplain determines that the service member is at risk, the Chaplain is instructed to hand off the service member to a mental health provider (i.e. psychiatric treatment). The problem with the current policy designed for the prevention of suicides in the National Guard is two-fold: the role of the Chaplain is limited to screening of military personnel and the limitation of training that is available to National Guard personnel because of the nature of their one weekend a month duty status. In the first concern of the role of the pastoral care professional (the Chaplain), the importance of the spiritual aspect of human existence is superseded by psychological theory and/or medical – pharmaceutical interventions. Simply put, the chaplain has limited opportunity to deal with the issues of moral injury and brokenness which are felt by service members at risk. The Chaplain is in a unique position to be used by God to help the service member to find forgiveness. A 2013 study done by the University of Ulster on male suicide showed “78% of the adverse events recorded related to relationship difficulties or a breakup.”³ The maintenance of health relationships is the key to suicide prevention and only God can heal relationships that are broken. A study by the Dana Foundation published in 2012, focusing on suicide in the United States Army revealed the following data regarding suicides and relationships, “both old and new research has highlighted clear precipitants in the majority of military suicides, especially relationship breakups and getting in trouble at work.

³ University of Ulster, “Men Three Times More Likely to Take Their own Lives”, *Ulster Research*, (Oct 2013), accessed Nov 9, 2013, <http://news.ulster.ac.uk/releases/2013/7130.html>

For years, about two-thirds of suicides appeared to be triggered by a breakup, and another third involved a humiliating event at work, threatening the job.”⁴

Human beings are relational because we are made in God’s image. We are built to be in relationship with God and with one another. In Holy Bible, in the book of Genesis, show us that God himself is in relationship with Himself in the three persons of the Trinity – God the Father, God the Son and God the Holy Spirit. The current policy which places its focus on psychological and medical solutions has proven itself to be inadequate for the objective it seeks to complete. One of the leading causes of suicide is a lack of hope to see beyond brokenness of their lives due to a loss of relationships.

The second concern that is at the heart of the problem is the limited amount of time that National Guard soldiers are available for suicide prevention training and or screening / counseling from the battalion Chaplain. In the Maryland Army National Guard (MDARNG), units meet one weekend per month. During this time, the command staff has a number of objectives to fulfill as far as training that needs to be completed, everything from medical exams to weapons qualification to MOS training. The drilling period also has other training that must be completed per the Department of the Army (DA) including suicide prevention. With all of the other training that has to be completed, the training developed by the Army Suicide Prevention Program is seen by some personnel as another block of instruction to be checked off. More adversely, because of the time between drill weekends and the lack of communication and follow-up within the unit, some of this valuable training is not retained by service members.

⁴ Elspeth Cameron Ritchie, “Suicide and the United States Army”, *Cerebrum – The Dana Foundation*, (January 2012), accessed Nov 10, 2016, https://www.dana.org/Cerebrum/2012/Suicide_and_the_United_States_Army__Perspectives_from_the_Former_Psychiatry_Consultant_to_the_Army_Surgeon_General/

Added to the first two concerns is the new reality of multiple deployments of Army National Guard personnel over the last decade. More MDARNG personnel have been deployed in conflict areas in the last ten years than at any time since World War II. The long term impact of these multiple deployments on these National Guard personnel have yet to be realized.

However, as a Chaplain from 2007 through 2011, the number of individual counseling sessions dealing with suicides increased each year. It is the first hand awareness of the need of National Guard personnel, and the lack of a focus on the heart and/or spirituality of these men and women who are in need, that has helped to choose this topic for the thesis project. How can pastoral care resources be best utilized in suicide prevention of National Guard personnel? The thesis project will seek to put together a rationale for developing a suicide prevention program for National Guard personnel which utilizes local pastoral care resources as true partners in the mental, physical and spiritual resiliency of these hometown heroes.

The purpose of this thesis project will establish a justification for local pastoral care providers, including unit chaplains, to be utilized as full partners in the therapeutic process of current National Guard service members who need support between drill weekends as they go about their daily civilian lives.

The pastoral care providers are uniquely positioned in larger society to bring hope and peace to the lives of these struggling individuals. With the budget cuts that are already occurring, and will continue to occur because of the current budget crisis (sequestration), local pastoral care providers will be needed to help counsel and assist these citizen-soldiers. Current policies dealing with suicide prevention programs have been designed to allow mental health providers to take a pre-eminent role in the counseling of soldiers, sailors and airmen.

Too often, the chaplain corps is left on the sideline in the therapeutic loop, not empowered to utilize their pastoral counseling skills as part of a team effort of care. Mainly used as points of referral, chaplains are asked to identify service members who may be at risk and then to turn them over to mental health professionals.

The disconnect between mental health providers and chaplains is a failure of foresight at the highest levels of leadership in DoD. This separation between two helping professions is partly due to a lack of appreciation by therapists of the benefit a chaplain can bring to the counseling partnership. The *Indian Journal of Psychiatry* offers this explanation to the distance between disciplines by stating “spirituality is not quantifiable, and manifestations of spiritual care process are often unique, findings are qualitative in nature and are nongeneralizable.”⁵

Simply put, therapists do not believe spirituality can bring anything concrete to the science of therapy. As one senior chaplain confided in me in the context of our discussion, “we (chaplains) are nice to have around but we are not necessary to have around.”⁶

With this kind of mistrust between chaplains and mental health providers in the seemingly straight-forward cause of saving lives of our service members from suicide, it is no wonder chaplains may be hesitant to refer people to clinical therapists. The American Psychological Association published a report in March of 2015 concerning Army chaplains and their perceived role in referring soldiers at risk for suicide. The report addresses the important issue of the disconnect between chaplains and mental health providers by stating, “More research is needed to understand the role of mental health stigma among chaplains and CAs

⁵ Ramakrishnan Parameshwaran, “Theory and practice of chaplain’s spiritual care process: A psychiatrist’s experience of chaplaincy and conceptualizing transpersonal model of mindfulness”, *Indian Journal of Psychiatry* Jan-Mar 2015):21-29, accessed Nov 11, 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314912/>

⁶ Interview with field grade chaplain in the National Guard, March 2015.

(chaplain assistants – Army) as well as what other factors make chaplains reluctant to refer suicidal soldiers to behavioral health care. However, such research should acknowledge that such perceptions may reflect institutional issues that could benefit from targeting training to chaplains and CAs but that may also require larger policy changes that address potential discrimination against people in treatment.

Because chaplains are preferred over behavioral health care as referral resources, and because they are more integrated into units, the Army should use them to help reduce mental health stigma. This may require establishing formal relationships between chaplains and behavioral health care so that chaplains feel more comfortable referring soldiers to these resources.”⁷ The established relationship mentioned above is a first step to putting together a plan of action which will provide better care for service members at risk of suicide. The current suicide prevention program model has placed pastoral care and behavioral health on opposite sides as competing interests.

The unintended consequence is pastoral care and behavioral health, who are supposed to be working towards the same goal, have been put in an adversarial position of distrusting each other’s methods of counseling.

⁷ Rajeev Ramchand, Joie Acosta, Rachel M. Burns, Lisa H. Jaycox, and Christopher G. Pernin, “Army Chaplains’ Perceptions about Identifying, Intervening, and Referring Soldiers at Risk of Suicide,” *Spirituality in Clinical Practice* 2, no. 1 (March 2015): 45, accessed November 12, 2015, <http://dx.doi.org/10.1037/scp0000053>.

The Statement of Limitations

Although information on suicides and suicide prevention strategies will be obtained from several branches of the Armed Forces of the United States (USN, DA, DOD and USAF), the research will limit its focus on creating a faith centered suicide prevention program for members of the Army and Air National Guard. The special population of the National Guard citizen-soldier, which has been deployed multiple times over the past decade, is the one at risk because of the lack of community resources that is available to effectively aid these service members.

The active duty component of the Department of the Army has a variety of psychological, medical and spiritual resources on active duty bases to provide assistance to soldiers and their families. Some of the information regarding suicide prevention may also come from the Veterans Administration (VA), however, the information gathered will be used for background knowledge only. Additionally, veterans from other previous military conflicts will not be the focus of the research or the proposed program.

The focus of the proposed suicide prevention program will be limited to current ANG / ARNG personnel and recently separated personnel from the beginning of the Iraq conflict in 2003 through the current draw down of National Guard personnel in Afghanistan and other overseas deployments. The primary survey that will be written as part of this research will be distributed to Army and Air National Guard Chaplains in Maryland. A second set of surveys will be distributed to several civilian clergy members whose churches are in close proximity to military bases (i.e. Odenton and Fort Meade, MD).

The proposed suicide prevention program will not be designed to replace ongoing Army Suicide Prevent Program (ASPP) activities, developed for the entire branch of the armed service, but is limited to members of the ANG/ARNG who have been processed through re-integration after their deployment. The research will be limited to developing a long-term, ongoing strategy to prevent suicides of ANG/ARNG personnel in their civilian lives by utilizing local pastoral care professionals in their natural role as soul care providers in their community.

The Theoretical Basis for the Project

The relationship between the topic and the Bible comes from Proverbs. Proverbs 20:5 reads, “The purposes of a person’s heart are deep waters, but one who has insight draws them out.”⁸

The connection to the topic is that Scripture acknowledges the need for counseling and considers it to be helpful. The relationship between the topic and theology comes from the role of the Holy Spirit as a counselor. In Christian theology, the Holy Spirit acts as the primary counselor. Numerous Scriptures confirm the role and function of the Holy Spirit in counseling of believers (John 14:16; John 14:26; John 15:26). The primary role of relationship building comes from the Bible when God says in Genesis 2:18, “It is not good for the man to be alone. I will make a helper suitable for him.”⁹ God is sovereign over all creation and made us in His

⁸ Unless otherwise noted, all biblical passages referenced are in the New International Version Bible (Grand Rapids: Zondervan, 1984).

⁹ Ibid.

image to be in relationship with Him and one another. Chaplains are valuable in showing the love of Jesus Christ in helping service members to seek and find God's forgiveness to rebuild broken relationships. The relationship between the topic and historical data comes from government and private research findings on the rate of suicides in the general population versus members of the Armed Forces of the United States. Other historical data that will be germane to the topic will include government data on the number of suicides committed by military personnel during eras of conflict. The relationship between the topic and the field of psychology will deal with documented incidents of Post-traumatic stress disorder (PTSD) and clinical depression in members of the military since 2003.

Specific data of these incidents in the membership of the Army National Guard will be presented, if possible. Studies that show possible linkages between deployment of ANG/ARNG members and PTSD symptoms will be researched. The relationship between the topic and the field of sociology exists in community to provide hope and counseling to these service members. The community resources include family members, non-profit and governmental organizations whose mission it is to assist these individuals and local pastoral care professionals in local congregations.

The Statement of Methodology

Chapter 2 begins the research of the topic that will be presented during the thesis project. The topic will deal with developing a long term, community based suicide prevention program

that focuses on members of the Air and Army National Guard. This program will incorporate pastoral care professionals as a main therapeutic resource for the spiritual, mental and physical health of the service members who might be in trouble on an ongoing basis.

Army National Guard Chaplains are responsible for providing training and implementation of the Army Suicide Prevention Program (ASPP) at the Battalion and Brigade command levels. Even though there was group training on identifying the symptoms of possible suicides, the training occurred once per year and was not followed up with additional training. The deployment frequency of National Guard soldiers over the past decade, and the possible connection to suicidal behavior (and what can be done to prevent it), is the reason for this thesis project.

The post-deployment screenings are inadequate at best. During post-deployment activities, only two psychological screenings are performed at 3 months and 6 months. While active duty bases may have the resources to deal with soldiers who may be at risk, National Guard airmen and soldiers may not have the access to that care in time to prevent a tragedy. This type of data concerning the connection between multiple deployments of National Guard members and suicide data will not be seen for years to come. The long-term effects of multiple deployments on the lives of these soldiers could cause a rise in suicides if this type of community-based, pastoral care counseling program is not implemented. One of the issues with providing reliable intervention and preventative strategies with military members and veterans is the bureaucracy of our own government. Historically, a major problem in obtaining the data about suicide is the reluctance of military personnel to reveal that they are having those thoughts.

Suicide is still a taboo subject and that there is still a fear of being punished in some way if you come forward. According to a Mayo Clinic study, “Nonconfidential self-report data have been criticized for underestimating combat and deployment effects due to potential stigma bias. Service members may not self-report owing to a perceived potential effect on their performance reports, opportunities for promotion, security clearances, and career field.”¹⁰ This thesis project is unique in scope because of the target population of the proposed program.

Since the beginning of Iraq War in March of 2003, through May of 2007, approximately 170,000 Army National Guard members were mobilized or 47.9% of the total force.”¹¹ Historically, active duty personnel were primarily used in combat operations or individuals from the larger civilian population were drafted into active military service. The citizen-soldiers of the ANG/ARNG who were mobilized during the conflicts with Iraq and Afghanistan joined the National Guard for job benefits and to pay for undergraduate education.

The change in the use of the National Guard is a new paradigm that will necessitate a partnership between the Department of Defense, the Veterans Administration, veteran service organizations (American Legion, VFW, AMVETS) and local organizations to provide adequate care. Preliminary research has been completed to ascertain the current study on incidents of suicide for members of the armed forces of the United States. There has been some research in incidents of PTSD and how the Army and other military branches have addressed the issue with various programmatic solutions; i.e., ASPP. Other research that is related to the topic has been

¹⁰ Timothy Lineberry and Stephen O’Connor, “Suicide in the US Army”, *Mayo Clinic Proceedings* 87, no. 9 (Sep 2012): 871-878, accessed Nov 12, 2016, doi:10.1016/j.mayocp.2012.07.002

¹¹ Department of Defense, Defense Science Board, *Deployment of Members of the National Guard and Reserve in the Global War on Terrorism*, Sept. 2007, accessed November 24, 2014, <http://www.acq.osd.mil/dsb/reports/ADA478163.pdf>.

published by clergy members and pastoral care professional in addressing the issue of suicide in larger society. Finally, military mental health professionals have published multiple articles and studies researching possible connections between multiple deployments of military personnel and mental health disorders that may lead to suicidal actions.

Chapter 3 deals with the surveys and questionnaires to be used in this thesis project. The plan is to distribute two sets of surveys to different populations that will be impacted by the proposed suicide prevention program.

As was mentioned above, the primary survey that will be written as part of this research will be distributed to Army and Air National Guard Chaplains in the State of Maryland. The questions will be multiple choice answers and will ascertain whether Chaplains feels that the training currently being presented is effective and whether they received enough relevant information regarding suicide identification and/or counseling as part of the leadership team of first line responders. Once again, the format will be multiple choice responses and will focus on whether these clergy members feel full engaged with the suicide prevention program on base or in the armory. The purpose of this survey will be to ascertain whether these local pastoral care professionals have experience in this type of counseling and if they would be willing to serve in this vitally important role. There will be a total of 30 surveys. The respondents of the surveys will be submitted on a voluntary basis. The primary conduit through which these surveys will be distributed will be through the Office of the State Chaplains in Maryland who has agreed to disseminate the survey to the subordinate chaplains. Approval of the surveys will be through two primary organizations: the Joint Forces State Chaplain for the State of Maryland and the Institutional Review Board office at Liberty University.

Chapter 4 deals with putting together the theory behind the thesis question with the conclusions from the data received from the surveys. The focus of the chapter is to present specific solutions to the problem of developing a workable long-term suicide prevention program for members of the Army National Guard. The resolution to the problem presented in Chapter 1 ties the methodology of the surveys to the policy direction that is expressed in the title of the project.

As important to the synthesis of data with the purpose of the thesis question, Chapter 4 specifically answers the question of why the new suicide prevention program will make a difference. The So What¹² answer is extremely important as it moves the reader from accepting the existence of the problem to a understanding that there is a specific solution to the problem that exists. At the end of the fourth chapter, the reader will have a completed justification for the implementation of the proposed program. Chapter 5 will take the entire story of the thesis project and present it in a different way. The conclusion will weave together the subject of the 1st chapter, the methodology of the 2nd chapter and the solutions presented through the research into one final discussion of the entire process. Similar to the scope of this Introduction, the final chapter will summarize all of the work that came before it while telling the story in a different way.

As the conclusion presents the findings of the thesis project, it is the goal of this researcher to demonstrate the need for a suicide prevention program for National Guard personnel that fully utilizes the gifts of the pastoral care professional. Soul care from a Christian pastoral perspective is as important to the soldier as any other therapeutic remedy.

¹² Charlie Davidson, Lecture on the Thesis Project, Lynchburg, Liberty University, June 2013.

The historical passing off of these individuals at risk to licensed medical professionals has caused the healing power of the Holy Spirit to be left out of the equation. It is the opinion of the author that this deficit of effective soul care by pastoral care professional has helped to cause this crisis. The conclusion, which will be presented in chapter 4, will offer a unique solution to this problem.

It is the purpose of this thesis project to enable and encourage civilian clergy and local unit chaplains to become an active participant in this important ministry to our National Guard personnel.

The Review of the Literature

This section encompasses a sampling of the articles accessed to date for the thesis project. Each source will be identified by title, author(s) and a brief sentence or two regarding content and how the source will assist the goal of the thesis project.

- 1) The Role of Military Chaplains in Mental Health Care of the Deployed Service Member (Besterman-Daham, Gibbons, Barnett and Hickling). Based on a 2005 survey of active duty military personnel, the journal article in *Military Medicine* looks at the role of the Chaplain in referring military personnel to mental health providers in theatre. Details the current role of the Chaplain and deals with the issue of privileged information between soldier and chaplain during counseling sessions.

- 2) Chaplains discuss suicide prevention (Lundy). Article published by the Federal Information & News Dispatch deals with the rate of suicide in the USAF through 2010. The article also discusses the stigma that exists in the general public regarding suicide. The article expresses a need for the chaplain to be an integral part of the mission to help prevent suicide.
- 3) Unloading soldiers' burdens: Troops heal through the supportive group process chaplains provide (Glenn). Article published by the Army Times demonstrates the importance of the role of the chaplain to address specific war related PTSD issues because of their being in action with those soldiers. The group sessions may be a possible vehicle to bring National Guard soldiers together to participate in the program.
- 4) New Suicide Prevention policy regains 'human element' (Hankammer). Article published by Army Public Affairs. Discusses effort to take the stigma out of asking for help. Policy designed to foster care within local command structure for soldiers in need.
- 5) Suicide Prevention in a Deployed Military Unit (Warner, Appenzeller, et al). The article published in Psychiatry magazine deals with the rise of suicides in the military and how a deployment cycle prevention program may help to decrease the number of suicides in the combat area. The article will be helpful in identifying the current program that is in place to reduce suicide rates for service members while deployed.
- 6) Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk of Suicide (Kopacz). The article published in the Journal of Religion and Health in 2013 highlights the need for an increased role of pastoral care professional in the prevention of suicides within the veteran population in a clinical setting. The article will be used to connect the need pastoral care support for future veterans and members of the National Guard.

- 7) Reframing Suicide in the Military (Mastroianni and Scott). In the follow-up of the landmark RAND report on the rate of suicides in the armed forces, the authors offers a critique on current theories of suicide and posit that a change is needed in how we think of suicide.
- 8) Preventing Soldier Suicide (Ellis) was published in the April 2007 edition of Soldiers Magazine. The article focuses on the Army Suicide Prevention Program (ASPP). As an Army National Guard Chaplain during this period, I was involved with the implementation of the program at the Battalion and Brigade command levels. The article gives an excellent overview of the current suicide prevention program in the Army National Guard.
- 9) Suicide Prevention among Active Duty Air Force Personnel – United States 1990 – 1999 (CDC) deals with the efforts of the U.S. Air Force to deal with suicide within their ranks during the 1st Gulf War through 1999. The policy that was adopted that understood that suicide was a service-wide (USAF) problem and not just a mental health problem. The article also has a discussion of oversight of commanders and leaders of service members to make sure that accused personnel under UCMJ action receive adequate care.
- 10) Preventing Suicides in US Service Members and Veterans: Concerns After a Decade of War (Hoge and Castro). The article deals with screening and other preventative strategies for suicide in the military. The article does make the following specific point which is part of the reason for my thesis project. There is a lack of data showing long-term impact on National Guard soldiers and their families because of multiple deployments over the past twelve years. This type of data will not be seen for years to come.

- 11) Suicide – A Preventable Tragedy? (Stone-Palmquist) was published in the June 12th, 2000 edition of Christianity Today. The article deals with the how the church has handled suicides in the past and the resources that are available to churches. One of the key takeaways from the article is the need for specialized training of clergy and congregational laypeople in responding to family survivors of people who choose to commit suicide.
- 12) The Authority of Scripture in Counseling (Mack). Article published by the National Association of Nouthetic Counselors advocates for the primacy of God’s word in the counseling process. The Bible is perfect and able to restore the soul of every person.
- 13) Understanding Suicide and Its Bereavement: A Primer for Chaplains (Mottram and VandeCreek) focuses on the possible areas of ministry that is available to pastoral care personnel. The third type of suicide identified by the article is called Anomic. These people do not see any hope beyond their current situation. Perhaps the rise in suicide of military personnel is connected to this type of suicide. These individuals cannot move past their present to envision a future of hope. The identification of the different types of suicides will be helpful in the research for the thesis project.
- 14) Handbook for Suicide Prevention & Intervention Techniques (USN Chaplain Corps) was distributed to Navy Chaplains for the purpose of training them how to identify symptoms and how to ask questions of sailors who they think may be at risk. The training document is helpful as it shows that suicide is not just an issue of the Army; it is an epidemic that has impacted all of the branches of the Armed Forces.
- 15) The War Within (Ramchand, Acosta, Burns, Jaycox and Pernin), prepared for the Office of the Secretary of Defense in 2011 by the RAND Corporation, the report attempts to

present best practices for suicide prevention programs throughout the Department of Defense. The research also catalogs and describes current suicide prevention programs while recommending policies to improve suicide prevention activities.

- 16) Chaplains on Frontline in Battle Against Military Suicide (Hall) was published in The Baptist Standard in October 2013 to promote the ASIST (Applied Suicide Intervention Skill Training) and its role in helping to train chaplains in suicide prevention strategies.
- 17) Chaplains Fighting Suicide (Austin), published in June 2014 by Living Lutheran, the article deals with Lutheran Chaplains and their work with suicide prevention in the armed forces. One point of specific interest is the tripling of suicides among military personnel who never deployed. Another point of interest is the connection to chaplains in the Department of Veterans Affairs and civilian synods.
- 18) Suicide Data Report (Kemp and Bossarte), published in 2012 by the US Department of Veterans Affairs, the research document examines suicide incidents in the veteran community for a four year period, FY 2009 – 2012. Data takes into account variables of age, gender, users of Veterans Health Services, race and ethnicity and educational level.
- 19) Hearing to Examine Current Status of Suicide Prevention (U.S. Air Force), released in 2011, the committee hearing notes touches on the state of suicide prevention programs within the Department of the Air Force. Focus of the hearing details changes on program communication to airmen, airmen and family resiliency training, the development of a post-suicide directive and the opening of a deployment transition center at Ramstein Air Base in Germany.
- 20) Suicide Prevention Program (Chief of Naval Operations), published in December 2005, OPNAV 1720.4 gives instruction as to the implementation of the suicide prevention

program for active duty and reserve Naval components. The instruction gives specific responsibilities to several offices including the chief of chaplains.

- 21) Suicide Prevention Program (Chief of Naval Operations), published in August 2009, OPNAV 1720.4A gives instruction as to the implementation of the suicide prevention program (active and reserve Naval units). The enhanced background section gives new directive for the collaboration of chaplains and other counseling professionals.
- 22) Army Chaplains' Perceptions About Identifying, Intervening, and Referring Soldiers at Risk of Suicide (American Psychological Association), published in March of 2015, it is the latest information to date pertaining to the role chaplains see themselves fulfilling in the Army's suicide prevention program. The study by a RAND Corporation researcher accompanies a survey completed by over 800 chaplains and over 400 chaplain assistants. The study makes the recommendation for the Army to offer more training in acute care counseling to chaplains so they may be better able to accomplish their assigned tasks of being a referral point of contact for the Army Suicide Prevention Program (ASPP).

Scriptural References

As part of the research for the thesis project, the author has done a search of Scripture that has a connection to counseling. Each Scripture will be accompanied with a purpose for its use with the project. All Scripture passages come from the New International Version (NIV).¹³

¹³ The Holy Bible, New International Version (Zondervan; Grand Rapids), 1984.

Excerpts from the Matthew Henry Commentary on the Whole Bible¹⁴ are included to provide reference material for scriptural passages.

1. *Proverbs 1:1-3*

The proverbs of Solomon son of David, king of Israel: for gaining wisdom and instruction; for understanding words of insight; for receiving instruction in prudent behavior, doing what is right and just and fair;

Pastoral counseling will help service members to have insight into their present so that they can make good decisions.

“The lessons here given are plain, and likely to benefit those who feel their own ignorance, and their need to be taught. If young people take heed to their ways, according to Solomon's Proverbs, they will gain knowledge and discretion. Solomon speaks of the most important points of truth, and a greater than Solomon is here. Christ speaks by his word and by his Spirit. Christ is the Word and the Wisdom of God, and he is made to us wisdom.”¹⁵

2. *Proverbs 12:18*

The words of the reckless pierce like swords, but the tongue of the wise brings healing. Pastoral counseling of these individuals will help them heal their wounds of silence and suffering. Their words of comfort and hope will heal their hearts and repair relationships as opposed to words that can cause further injury.

¹⁴ Bible Study Tools, “Matthew Henry Commentary on the Whole Bible (Concise)”, Accessed Nov 13, 2016, <http://www.biblestudytools.com/commentaries/matthew-henry-concise/>

¹⁵ Ibid.

“Whisperings and evil surmises, like a sword, separate those that have been dear to each other. The tongue of the wise is health, making all whole”¹⁶

3. *Proverbs 13:10*

Where there is strife, there is pride, but wisdom is found in those who take advice.

With the stigma that exists in the ranks of military personnel, and the pride of being able to take it all on their shoulders, strife and stress abounds. Having a suicide prevention program that is ongoing and offers wisdom from pastoral care providers may help to lessen strife.

“All contentions, whether between private persons, families, churches, or nations, are begun and carried forward by pride. Disputes would be easily prevented or ended, if it were not for pride.”¹⁷

4. *Proverbs 15:22*

Plans fail for lack of counsel, but with many advisers they succeed.

Plans that come from unrealistic expectations of resiliency and recover after deployment have done a lot of harm to members of the National Guard once they have come back home. The access to pastoral care providers may provide good counsel for these soldiers and their families.

“If men will not take time and pains to deliberate, they are not likely to bring any thing to pass.”¹⁸

5. *Proverbs 20:5*

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

The purposes of a person's heart are deep waters, but one who has insight draws them out.

The pastoral care professional will be able to help unearth underlying issues with members of the National Guard that may be repressing feelings.

“Though many capable of giving wise counsel are silent, yet something may be drawn from them, which will reward those who obtain it.”¹⁹

6. *Psalm 119:52*

I remember, LORD, your ancient laws, and I find comfort in them.

The pastoral care professional will be in a position to offer eternal truths that will overcome the immediate issue or problems of the service member; to offer the eternal comfort of the Lord during the finite time of sorrow and pain.

“Those that make God's promises their portion, may with humble boldness make them their plea. He that by his Spirit works faith in us, will work for us. The word of God speaks comfort in affliction. If, through grace, it makes us holy, there is enough in it to make us easy, in all conditions. Let us be certain we have the Divine law for what we believe, and then let not scoffers prevail upon us to decline from it. God's judgments of old comfort and encourage us, for he is still the same. Sin is horrible in the eyes of all that are sanctified. Ere long the believer will be absent from the body, and present with the Lord. In the mean time, the statutes of the Lord supply subjects for grateful praise. In the season of affliction, and in the silent hours of the night,

¹⁹ Ibid.

he remembers the name of the Lord, and is stirred up to keep the law. All who have made religion the first thing, will own that they have been unspeakable gainers by it.”²⁰

7. *John 14:26*

But the Advocate, the Holy Spirit, whom the Father will send in my name, will teach you all things and will remind you of everything I have said to you.

The Holy Spirit brings wisdom and will guide the pastoral care professional in counseling sessions. The voice of the Holy Spirit speaks to bring things back to memory when it is needed.

“Would we know these things for our good, we must pray for, and depend on the teaching of the Holy Ghost; thus the words of Jesus will be brought to our remembrance, and many difficulties be cleared up which are not plain to others. To all the saints, the Spirit of grace is given to be a remembrancer, and to him, by faith and prayer, we should commit the keeping of what we hear and know. Peace is put for all good, and Christ has left us all that is really and truly good, all the promised good; peace of mind from our justification before God. This Christ calls his peace, for he is himself our Peace. The peace of God widely differs from that of Pharisees or hypocrites, as is shown by its humbling and holy effects.”²¹

8. *John 16:13*

But when he, the Spirit of truth, comes, he will guide you into all the truth. He will not speak on his own; he will speak only what he hears, and he will tell you what is yet to come.

²⁰ Ibid.

²¹ Ibid.

The Holy Spirit, working through the pastoral care professional and the service member, will help lead both to a greater understanding of the truth.

“Christ's departure was necessary to the Comforter's coming. Sending the Spirit was to be the fruit of Christ's death, which was his going away. His bodily presence could be only in one place at one time, but his Spirit is every where, in all places, at all times, wherever two or three are gathered together in his name. See here the office of the Spirit, first to reprove, or to convince. Convincing work is the Spirit's work; he can do it effectually, and none but he.

It is the method the Holy Spirit takes, first to convince, and then to comfort. The Spirit shall convince the world, of sin; not merely tell them of it. The Spirit convinces of the fact of sin; of the fault of sin; of the folly of sin; of the filth of sin, that by it we are become hateful to God; of the fountain of sin, the corrupt nature; and lastly, of the fruit of sin, that the end thereof is death. The Holy Spirit proves that all the world is guilty before God. He convinces the world of righteousness; that Jesus of Nazareth was Christ the righteous. Also, of Christ's righteousness, imparted to us for justification and salvation. He will show them where it is to be had, and how they may be accepted as righteous in God's sight. Christ's ascension proves the ransom was accepted, and the righteousness finished, through which believers were to be justified. Of judgment, because the prince of this world is judged. All will be well, when his power is broken, who made all the mischief. As Satan is subdued by Christ, this gives us confidence, for no other power can stand before him. And of the day of judgment. The coming of the Spirit would be of unspeakable advantage to the disciples. The Holy Spirit is our Guide, not only to show us the way, but to go with us by continued aids and influences. To be led into a truth is more than barely to know it; it is not only to have the notion of it in our heads, but the relish, and savour,

and power of it in our hearts. He shall teach all truth, and keep back nothing profitable, for he will show things to come. All the gifts and graces of the Spirit, all the preaching, and all the writing of the apostles, under the influence of the Spirit, all the tongues, and miracles, were to glorify Christ. It behoves every one to ask, whether the Holy Spirit has begun a good work in his heart? Without clear discovery of our guilt and danger, we never shall understand the value of Christ's salvation; but when brought to know ourselves aright, we begin to see the value of the Redeemer. We should have fuller views of the Redeemer, and more lively affections to him, if we more prayed for, and depended on the Holy Spirit.”²²

9. *2 Timothy 3:16-17*

All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work.

Scripture is the key component for pastoral counseling. Every problem that man faces can be answered by Scripture. Scripture will equip both counselor and service member to overcome every obstacle and challenge.

“Those who would learn the things of God, and be assured of them, must know the Holy Scriptures, for they are the Divine revelation. The age of children is the age to learn; and those who would get true learning, must get it out of the Scriptures. They must not lie by us neglected, seldom or never looked into. The Bible is a sure guide to eternal life. The prophets and apostles did not speak from themselves, but delivered what they (2 Peter 1:21) of the Christian life. It is

²² Ibid.

of use to all, for all need to be taught, corrected, and reprov'd. There is something in the Scriptures suitable for every case. Oh that we may love our Bibles more, and keep closer to them!

Then shall we find benefit, and at last gain the happiness therein promised by faith in our Lord Jesus Christ, who is the main subject of both Testaments. We best oppose error by promoting a solid knowledge of the word of truth; and the greatest kindness we can do to children, is to make them early to know the Bible."²³

10. *Hebrews 4:12*

For the word of God is alive and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart.

The Word of God is used to convict and to free the individual under its charge. It is used to judge the thoughts and feelings of each person. The Word of God has the power to identify, separate and cast out all manner of negative impulses.

“Observe the end proposed: rest spiritual and eternal; the rest of grace here, and glory hereafter; in Christ on earth, with Christ in heaven. After due and diligent labour, sweet and satisfying rest shall follow; and labour now, will make that rest more pleasant when it comes. Let us labour, and quicken each other to be diligent in duty. The Holy Scriptures are the word of God. When God sets it home by his Spirit, it convinces powerfully, converts powerfully, and comforts powerfully. It makes a soul that has long been proud, to be humble; and a perverse spirit, to be

²³ Ibid.

mEEK and obedient. Sinful habits, that are become as it were natural to the soul, and rooted deeply in it, are separated and cut off by this sword.

It will discover to men their thoughts and purposes, the vileness of many, the bad principles they are moved by, the sinful ends they act to. The word will show the sinner all that is in his heart.

Let us hold fast the doctrines of Christian faith in our heads, its enlivening principles in our hearts, the open profession of it in our lips, and be subject to it in our lives. Christ executed one part of his priesthood on earth, in dying for us; the other he executes in heaven, pleading the cause, and presenting the offerings of his people. In the sight of Infinite Wisdom, it was needful that the Saviour of men should be one who has the fellow-feeling which no being but a fellow-creature could possibly have; and therefore it was necessary he should actual experience of all the effects of sin that could be separated from its actual guilt. God sent his own Son in the likeness of sinful flesh, (Romans 8:3) ; but the more holy and pure he was, the more he must have been unwilling in his nature to sin, and must have had deeper impression of its evil; consequently the more must he be concerned to deliver his people from its guilt and power.

We should encourage ourselves by the excellence of our High Priest, to come boldly to the throne of grace. Mercy and grace are the things we want; mercy to pardon all our sins, and grace to purify our souls. Besides our daily dependence upon God for present supplies, there are seasons for which we should provide in our prayers; times of temptation, either by adversity or prosperity, and especially our dying time. We are to come with reverence and godly fear, yet not as if dragged to the seat of justice, but as kindly invited to the mercy-seat, where grace reigns.

We have boldness to enter into the holiest only by the blood of Jesus; he is our Advocate, and has purchased all our souls want or can desire.”²⁴

11. *Hebrews 10:25*

Not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.

Regular meetings between the pastoral care professional and people in need are important. Encouraging each other is an important part of keeping hope alive. The current role of chaplains is to assess and refer service members to mental health professionals.

Now, more than ever, pastoral care professionals are needed to provide ongoing counseling to our service members and veterans.

“The apostle having closed the first part of the epistle, the doctrine is applied to practical purposes. As believers had an open way to the presence of God, it became them to use this privilege. The way and means by which Christians enjoy such privileges, is by the blood of Jesus, by the merit of that blood which he offered up as an atoning sacrifice. The agreement of infinite holiness with pardoning mercy, was not clearly understood till the human nature of Christ, the Son of God, was wounded and bruised for our sins. Our way to heaven is by a crucified Saviour; his death is to us the way of life, and to those who believe this, he will be precious. They must draw near to God; it would be contempt of Christ, still to keep at a distance. Their bodies were to be washed with pure water, alluding to the cleansings directed under the law: thus the use of water in baptism, was to remind Christians that their conduct should be pure

²⁴ Ibid.

and holy. While they derived comfort and grace from their reconciled Father to their own souls, they would adorn the doctrine of God their Saviour in all things. Believers are to consider how they can be of service to each other, especially stirring up each other to the more vigorous and abundant exercise of love, and the practice of good works.

The communion of saints is a great help and privilege, and a means of stedfastness and perseverance. We should observe the coming of times of trial, and be thereby quickened to greater diligence. There is a trying day coming on all men, the day of our death.”²⁵

12. *Romans 12:2*

Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—his good, pleasing and perfect will.

The world has accepted that suicide is an acceptable option. With the help of the pastoral care professional, the service member will understand the wonderful gift of life that is given to us by God. HIS will is that we live abundant lives.

“The apostle having closed the part of his epistle wherein he argues and proves various doctrines which are practically applied, here urges important duties from gospel principles. He entreated the Romans, as his brethren in Christ, by the mercies of God, to present their bodies as a living sacrifice to Him. This is a powerful appeal. We receive from the Lord every day the fruits of his mercy. Let us render ourselves; all we are, all we have, all we can do: and after all, what return is it for such very rich receivings? It is acceptable to God: a reasonable service, which we are able

²⁵ Ibid.

and ready to give a reason for, and which we understand. Conversion and sanctification are the renewing of the mind; a change, not of the substance, but of the qualities of the soul. The progress of sanctification, dying to sin more and more, and living to righteousness more and more, is the carrying on this renewing work, till it is perfected in glory.

The great enemy to this renewal is, conformity to this world. Take heed of forming plans for happiness, as though it lay in the things of this world, which soon pass away. Do not fall in with the customs of those who walk in the lusts of the flesh, and mind earthly things. The work of the Holy Ghost first begins in the understanding, and is carried on to the will, affections, and conversation, till there is a change of the whole man into the likeness of God, in knowledge, righteousness, and true holiness. Thus, to be godly, is to give up ourselves to God.”²⁶

13. *Romans 15:13*

May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.

As the service member becomes closer to God and develops trust in HIM, the hope that is strengthened by the power of Holy Spirit will help to overcome trials and tribulations that may come.

“Christ fulfilled the prophecies and promises relating to the Jews, and the Gentile converts could have no excuse for despising them. The Gentiles, being brought into the church, are companions in patience and tribulation. They should praise God. Calling upon all the nations to praise the Lord, shows that they shall have knowledge of him. We shall never seek to Christ till we trust in

²⁶ Ibid.

him. And the whole plan of redemption is suited to reconcile us to one another, as well as to our gracious God, so that an abiding hope of eternal life, through the sanctifying and comforting power of the Holy Spirit, may be attained. Our own power will never reach this; therefore where this hope is, and is abounding, the blessed Spirit must have all the glory. "All joy and peace;" all sorts of true joy and peace, so as to suppress doubts and fears, through the powerful working of the Holy Spirit."²⁷

14. *1 Thessalonians 5:11*

Therefore encourage one another and build each other up, just as in fact you are doing. Believers are empowered by the Holy Spirit to bring comfort to each other. The pastoral care professional is able to help train others to build up the Body of Christ. In the Armed Forces, Chaplains are encouraged to help lead suicide prevention training for officers, NCOs and enlisted personnel.

Most of mankind do not consider the things of another world at all, because they are asleep; or they do not consider them aright, because they sleep and dream. Our moderation as to all earthly things should be known to all men. Shall Christians, who have the light of the blessed gospel shining in their faces, be careless about their souls, and unmindful of another world? We need the spiritual armour, or the three Christian graces, faith, love, and hope. Faith; if we believe that the eye of God is always upon us, that there is another world to prepare for, we shall see reason to watch and be sober. True and fervent love to God, and the things of God, will keep us watchful and sober. If we have hope of salvation, let us take heed of any thing that would shake our trust in the Lord. We have ground on which to build unshaken hope, when we consider, that

²⁷ Ibid.

salvation is by our Lord Jesus Christ, who died for us, to atone for our sins and to ransom our souls. We should join in prayer and praise one with another.

We should set a good example one before another, and this is the best means to answer the end of society. Thus we shall learn how to live to Him, with whom we hope to live for ever.”²⁸

15. *1 Corinthians 14:3*

But the one who prophesies speaks to people for their strengthening, encouraging and comfort.

The pastoral care professional, through the power of the Holy Spirit, speaks a prophetic word of hope to their counselees.

“Prophesying, that is, explaining Scripture, is compared with speaking with tongues. This drew attention, more than the plain interpretation of Scripture; it gratified pride more, but promoted the purposes of Christian charity less; it would not equally do good to the souls of men. What cannot be understood, never can edify. No advantage can be reaped from the most excellent discourses, if delivered in language such as the hearers cannot speak or understand. Every ability or possession is valuable in proportion to its usefulness. Even fervent, spiritual affection must be governed by the exercise of the understanding, else men will disgrace the truths they profess to promote.”²⁹

16. *Ephesians 4:23*

to be made new in the attitude of your minds;

²⁸ Ibid.

²⁹ Ibid.

The Holy Spirit works in the hearts and minds of people to help change their mindset from hopelessness to hopeful.

“The apostle charged the Ephesians in the name and by the authority of the Lord Jesus, that having professed the gospel, they should not be as the unconverted Gentiles, who walked in vain fancies and carnal affections. Do not men, on every side, walk in the vanity of their minds? Must not we then urge the distinction between real and nominal Christians? They were void of all saving knowledge; they sat in darkness, and loved it rather than light. They had a dislike and hatred to a life of holiness, which is not only the way of life God requires and approves, and by which we live to him, but which has some likeness to God himself in his purity, righteousness, truth, and goodness. The truth of Christ appears in its beauty and power, when it appears as in Jesus. The corrupt nature is called a man; like the human body, it is of divers parts, supporting and strengthening one another. Sinful desires are deceitful lusts; they promise men happiness, but render them more miserable; and bring them to destruction, if not subdued and mortified. These therefore must be put off, as an old garment, a filthy garment; they must be subdued and mortified. But it is not enough to shake off corrupt principles; we must have gracious ones. By the new man, is meant the new nature, the new creature, directed by a new principle, even regenerating grace, enabling a man to lead a new life of righteousness and holiness. This is created, or brought forth by God's almighty power.”³⁰

³⁰ Ibid.

CHAPTER 2

This research topic focuses on developing a long term, community based suicide prevention program for members of the Air and Army National Guard. This program will incorporate pastoral care professionals as a main therapeutic resource for the spiritual, mental and physical health of the service members who might be in trouble on an ongoing basis.

The utilization of pastoral counseling resources in a vital, integral role of a suicide prevention program is a change in paradigm in care for members of the Armed Forces. The care of soldier and airmen deemed to be at risk are primarily placed under the care of mental health providers (social workers, therapists and psychologists) whose primary therapeutic option utilizes mood altering and/or stabilizing medication. While there is no argument some of these techniques are very helpful in helping people cope with their struggles, the central point of this project is a simple yet profound one – the lack of significant pastoral counseling resources is a fundamental flaw of present suicide prevention programs.

The foundation for this change in the structure of DOD and VA suicide prevention programs is biblical. This writer believes a fundamental part of healing any trauma must involve the soul and God through Jesus Christ and Scripture are able to fix any problems and heal any wounds. In the article, The Authority of Scripture in Counseling, Wayne Mack writes “for them, the Bible has titular (given a title and respected in name) rather than functional (actual, practical, real, respected in practice) authority.

It is acknowledged to be the Word of God and therefore worthy of our respect, but when it comes to understanding and resolving many of the real issues of life, it has limited value.”³¹

This perspective on the place of pastoral counseling in the real-world of providing care to soldiers and airmen at risk can be identified in the role Army and Air Force Chaplains play in current suicide prevention programs. In the once a year training, Chaplains are asked to be present during the video briefing but not to provide any insights from their Christian worldview. Furthermore, in the application of suicide prevention programs, the Chaplain is primarily used as a referral mechanism to make the connection between the service member and mental health providers.

Before the project moves forward with a discussion of the current status of pastoral counseling in DOD and VA suicide prevention programs, it is important to outline the writers’ view of Christian counseling. A good definition which is close to the heart of the purpose of this project is presented by Dr. Tim Clinton and Dr. George Ohlschlager in their text, Competent Christian Counseling.

On page 14 of the text, the primary authors’ offer this helpful definition of why Christian counseling is so needed in today’s world: “Christian counseling proclaims Christ to searching hearts and, by dedicated soul-care ministry, raises up people to live fully in his image. In this modern, pluralistic age, ignorance of the Bible is pervasive; knowledge of the gospel is becoming so rare and weak that we are becoming a planet of theo-illiterates. As the quote at the beginning of this chapter indicates, the only gospel that many clients, students, and service recipients will ever know is the one they see in you, the Christian counselor, pastor, or teacher.

³¹ Wayne Mack, “The Authority of Scripture in Counseling,” *The National Association of Nouthetic Counselors* 2 (July 1995), accessed August 9, 2013, <https://www.tms.edu/m/tmsj9d.pdf>.

So ‘let your light so shine before men, that they may see your good works and glorify your Father in heaven’ – Matthew 5:16, NKJV (14-15).”³²

In the years the author served as an Army Chaplain, the above words are very true, often the limited amount of time that was available to counsel soldiers on drill weekend or out in the field for annual training was the only time where these young men and women could sit down and be still with themselves and God. 1 Thessalonians 5:11 reads “Therefore encourage one another and build each other up, just as in fact you are doing.”³³ Believers are empowered by the Holy Spirit to bring comfort to each other through personal relationships. As a chaplain, it was an honor to be with soldiers while serving as “a window to see Him.”³⁴

It is the assertion of this thesis project that pastoral counseling should play an integral part in the healing process of our men and women in uniform as well as our nation’s veterans. This remainder of this chapter in this research project will focus on the subject of history of suicide prevention methods utilized by the Department of Defense (DOD) and the Department of the Army (DA) and exploring a variety of resources detailing current activities in the subject matter. As part of a comprehensive study on the subject, the chapters will also briefly explore current suicide prevention programs in the Department of Veterans Affairs (VA).

³² Timothy Clinton and George Ohlschalger, *Competent Christian Counseling, Volume One: Foundations and Practice of Compassionate Soul Care* (Colorado Springs: WaterBrook Press, 2002), 14.

³³ 1Thess 5:11.

³⁴ Clinton and Ohlschalger, *Competent Christian Counseling*, 14.

Suicide and Suicide Prevention

Suicide is a national crisis and is the third leading cause of death of young people between the ages of 15 and 24.³⁵ The focus of the thesis is on military and veteran populations, however, civilian pastors and counselors have found increased roles in suicide prevention efforts across the country. One of the issues with providing reliable intervention and preventative strategies with military members and veterans is the bureaucracy of our own government.

In the 2012, Suicide Data Report commissioned by the Department of Veterans Affairs – Mental Health Services, researchers Janet Kemp, RN PhD and Robert Bossarte, PhD came to the following conclusion: “Among cases where history of U.S. military was reported, Veterans comprised approximately 22.2% of all suicides reported during the project period (2009-2012). If this prevalence estimate is assumed to be constant across all U.S. states, an estimated 22 Veterans will have died from suicide each day in the calendar year 2010.”³⁶

The deployment frequency of National Guard soldiers over the past decade, and the possible connection to suicidal behavior (and what can be done to prevent it), is the reason for this thesis project. In my opinion, the post-deployment screenings are inadequate. During post-deployment activities, only three post-deployment events are performed at 3 months, 6 months and 9 month periods. According to the Yellow Ribbon Reintegration Program, “Reintegration into civilian life may pose an entirely new set of challenges for you and your Family as you strive towards regaining normalcy after deployment. Post-Deployment events occur at approximately the 30, 60, and 90-day mark to gradually help you and your Family adjust to life after separation.

³⁵ Peri Stone-Palmquist, “Suicide: A Preventable Tragedy?” *Christianity Today* (June 12, 2000): 74-76,

³⁶ Janet Kemp and Robert Bossarte, “Suicide Data Report 2012,” Department of Veteran Affairs (2012): 15.

You'll receive critical information about services and entitlements you have earned, as well as points of contact to help you cope with any challenges you may experience as a result of being deployed.”³⁷

While active duty bases may have the resources to deal with soldiers who may be at risk, National Guard airmen and soldiers may not have immediate access to care in time to prevent a tragedy. The data mentioned above demonstrates the possibility of long-term implications of multiple deployments on the lives of these citizen-soldiers.

One of the issues with providing reliable intervention and preventative strategies with military members and veterans is the bureaucracy of our own government. A Department of Veterans Affairs Inspector General report dated January of 16 notes “fourteen of the 15 applicable training records contained no evidence of suicide prevention training within 12 months of being hired and that the facility did not complete all required reports for patients who attempted or completed suicide during the period July 1, 2014 – June 30, 2015.”³⁸

As part of the development of this new paradigm of care, it is important to present the current conditions regarding the impact of suicides on active military and veteran populations. Unfortunately, the above mentioned 2012 study commissioned by the United States Department of Veterans Affairs is the most current data comprised by the government, and that data is from 2009 through 2012. Due to the lack of reportable data, most of the literature on this very important subject is authored by non-governmental researchers in mental health fields who are involved in their roles as clinicians, therapists and care providers.

³⁷ Yellow Ribbon Reintegration Program, “Understanding the Phases of Deployment,” accessed Nov 13, 2016, <https://www.jointservicessupport.org/YRRP/deploymentcycle.aspx>

³⁸ VA OIG Office of Healthcare Inspections, “CAP Review of the Corporal Michael J. Crescenz VA Medical Center, Philadelphia, PA,” January 14, 2016, accessed November 12, 2016, <http://www.va.gov/oig/pubs/VAOIG-15-04693-79.pdf>

While suicide is a very serious health concern for our society as a whole, and is the tenth leading cause of death in the country according to the Centers for Disease Control and Prevention (CDC)³⁹, this thesis project is unique in scope because of the target population of the study.

Since the beginning of Iraq War in March of 2003, through May of 2007, approximately 170,000 Army National Guard members were mobilized or 47.9% of the total force.”⁴⁰ Historically, active duty personnel were primarily used in combat operations or individuals from the larger civilian population were drafted into active military service. The deployment frequency of National Guard soldiers over the past decade, and the possible connection to suicidal behavior (and what can be done to prevent it), is the reason for this thesis project.

The data concerning the connection between multiple deployments of National Guard members and suicide data is only becoming known to the general public. Most of this research paper is designed to ascertain the rise of suicides of Army personnel and veterans of all branches who have left active military service. However, this data is relatively recent as was identified in the Suicide Data Report of 2012 published by the US Department of Veterans Affairs. The multiple deployments of National Guard soldiers over the last 12 years do not encompass the entirety of dramatic increase of suicides by members of the armed forces of the United States. It is helpful to begin our research of the data by examining data collected by the United States Air Force almost two decades before September 11, 2001.

³⁹ Centers for Disease Control and Prevention, “Leading Causes of Death,” FastStats, February 6, 2015, accessed September 2, 2013, <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>.

⁴⁰ Department of Defense, *Deployment of Members*.

Suicide In the U.S. Air Force

The Centers for Disease Control and Prevention as part of their ongoing Morbidity and Mortality Weekly Report published a 5 page paper entitled *Suicide Prevention Among Active Duty Air Force Personnel – United States, 1990-1999*. The report is important for the foundation of this study because of the initial timeframe of increase in suicide incidents by Air Force personnel, 1990 – 1994, which coincide with the events of the first Gulf War with Iraq.

According to the report, “during 1990-1994, suicide accounted for 23% of all deaths among active duty U.S. Air Force (USAF) personnel and was the second leading cause of death (after unintentional injuries) during those years, the annual suicide rate among active duty USAF personnel increased significantly (p less than 0.01) from 10.0 to 16.4 suicides per 100,000 members (see Table 1).”⁴¹ During the first Gulf War, coalition forces flew over 100,000 missions into enemy territory which encompassed Iraq and Iraq’s annexation of Kuwait with the United States Air Force exceeding 18,000 air deployment missions during an eleven (11) month period from August 7, 2000 to July 7, 2001.⁴² The Air Force carried the brunt of the load during Operation Desert Storm with the air offensive lasting 37 days while the ground war lasted 100 hours (about 4 days) from beginning to surrender of Iraqi forces. The air force missions include 3,980 by C-5 Galaxy transports, 9,085 by C-141 Starlifters transports, 1,193 by C-130 Hercules

⁴¹ Centers for Disease Control and Prevention, “Suicide Prevention Among Active Duty Air Force Personnel–United States, 1990-1999,” *Morbidity and Mortality Weekly Report* 48, no. 46 (November 26, 1999), accessed August 9, 2013, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4846a1.htm>.

⁴² Department of Defense, “The Operation Desert Shield/Desert Storm Timeline,” *DoD News* (August 8, 2000), accessed August 18, 2013, <http://archive.defense.gov/news/newsarticle.aspx?id=45404>.

transports, 395 by KC-10 Extender refuelers, 3,813 by Civil Reserve Air Fleet carriers.⁴³ The impact of extended deployment in Iraq and Kuwait began to have long-term repercussions on the lives of these airmen.

Table 2.1. Causes of Death among active duty U.S. Air Force personnel – United States, 1990 - 1994

Cause	Number	% of all deaths
Unintentional injury	636	48%
Suicide	300	23%
Disease	280	21%
Homicide	61	5%
Other	37	3%
	1314	100%

Source: CDC, “Suicide Prevention.”

According to the data from the report, the rise in suicide rates among active duty airmen could be partially attributed to their service in a combat environment. The decision was made to change the philosophy of the Air Force to try to reduce the number of suicides within their ranks by initiating a community-based suicide prevention initiative at all active duty bases across the service branch. The CDC report provides a glimpse into the type of program which was developed by the United States Air Force:

⁴³ Ibid.

“In 1995, senior USAF leaders initiated prevention programs in several commands because of the increasing suicide rate. In May 1996, an in-depth study by a team of medical and nonmedical civilian and military experts was initiated to produce a comprehensive, communitywide prevention strategy that viewed suicide not only as a medical but a USAF problem, thus addressing overall social, behavior, and health issues.

The plan was implemented across the entire USAF during 1996-1997. This report describes protective and prevention strategies and summarizes the study findings, which indicate that a substantial decline in the suicide rate was associated with the communitywide program.”⁴⁴ Air Force Chaplains became part of an integrated suicide prevention policy throughout the service branch. However, even with the addition of the chaplain corps to suicide prevention efforts, the role of the chaplain was limited to a referral capacity.

Dr. Thomas Joiner, a professor of psychology at Florida State University, addressed his concerns with suicide by mentioning that “a big contributor to suicide is major depressive disorder. It is a very painful thing to go through, and when people are in that state, they have a different frame of mind. Thoughts arise that there are no solutions and there is no hope.

Even as painful as it is, and as bad as it can get, there are very effective treatments for it and for all the other conditions that feed into suicidal behavior.”⁴⁵ As a psychologist, Dr. Joiner places his trust on therapy which can help to provide solutions so people can cope with or go through their problems. In another part of the article on the conference, “Dr. Joiner also recommended that if a person sees warning signs, it is crucial to stay connected consistently,

⁴⁴ Ibid.

⁴⁵ Harry J. Lundy, “ACC Chaplains Discuss Suicide Prevention,” *Air Combat Command News* (May 4, 2010), accessed October 6, 2013, <http://www.acc.af.mil/news/story.asp?id=123202858>.

patiently and persistently as a friend. *If you notice that things are not getting better, refer them to get professional care.*⁴⁶ Instead of an integrated approach, where the chaplain is part of the treatment team, the message from Dr. Joiner to chaplains is for chaplains to refer airmen who may be at risk to mental health providers.

Suicide prevention within the armed forces seems to be a very clear cut policy goal. However, in the article, a subtle distinction is discovered – in the goal to reduce the number of suicides – what is the number one priority? Is it to save lives or to protect a valuable asset for the Air Force? Chaplain (Col.) Howard Stendahl, ACC command chaplain, said suicide prevention is important to him because “as an Air Force chaplain, life is a sacred gift to me from the creator. It is the greatest gift.”⁴⁷ The words of Proverbs 12:18 are an excellent reminder of the true purpose of the chaplain’s work in an integrated suicide prevention policy: “The words of the reckless pierce like swords, but the tongue of the wise brings healing.”⁴⁸

Pastoral counseling of these individuals will help them heal their wounds of silence and suffering. Their words of comfort and hope will heal their hearts as opposed to words that can cause further injury. In contrast, the commander of Air Combat Command General William Fraser is attributed to “identifying people as the most valued resource and wants to protect that asset.”⁴⁹ There is a big difference between holding life as a sacred gift and utilizing policy to protect human assets.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Prov 12:18.

⁴⁹ Harry J. Lundy, “ACC Chaplains Discuss.”

Chaplain (Colonel) Stendahl, the AAC command chaplain, shares his impressions of his commander's mindset when he is quoted as saying "the issue that keeps (General Fraser) awake and is of his greatest concern is how to affirm, cherish, prize the lives of the people who have chosen to give a portion of their lives in service to the nation, its defense -- specifically, in Air Combat Command."⁵⁰

The Air Force is not alone in its multiple priorities in one single policy directive. The focus of this discussion is the partnership, or lack thereof, between mental health professionals (psychiatrists and psychologists) and pastoral care providers (chaplains). Chaplain Stendahl makes the following statement which leads to a hopeful working relationship between the helping disciplines, a link that joins them together, the service member; "and if they have pastoral, mental health care and other care workers whom they trust, they will take advantage of that."⁵¹ The Air Force has implemented a policy which includes mental health providers, the chaplaincy and family resource officers. While there remains challenges to fulfilling their stated zero tolerance goal, there is data to show a reduction in suicides across the service branch.

According to a report on suicide prevention programs from the Air Force to the Armed Services Committee in 2011, the deputy chief of staff manpower, personnel and services (Lt. General Darrell D. Jones) stated, "so far this year, 56 total force airmen and civilians have taken their own lives which equates to a suicide rate of 14 suicides per 100,000 Airmen. This is slightly lower than the 63 Air Force suicides in the same period last year, and a rate of 15.5 suicides per 100,000 Airmen."⁵²

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Department of the Air Force, *Presentation to the Subcommittee on Military Personnel, Committee on Armed Forces, US House of Representatives*, September 9, 2011, accessed October 3, 2013,

Earlier in this section, it was noted the suicide rate for Airmen had reached 16.4 suicides per 100,000 members. While the rate has not reverted back to pre-1990 numbers of 10.0 per 100,000, the data shows an encouraging trend of an overall reduction of suicides within the Air Force. As part of the Department of Defense (DOD), the Air Force like the other service branches employs a variety of caregivers including doctors, nurses, social workers and other professionals. The next subsection will look at the suicide prevention policy at the Department of the Navy.

Suicide in the Department of the Navy (including Marines)

The information regarding suicide and suicide prevention in the Department of the Navy (including the United States Marine Corps) is relatively new beginning in 2005. In December of 2005, the Chief of Naval Operations released OPNAV Instruction 1720.4 with the subject **SUICIDE PREVENTION PROGRAM**. The document identifies and explains the new program while giving guidance to command officers and Department of the Navy (DON) staff members to their specific areas of responsibilities. The implementation of the suicide prevention program included all active and reserve components of DON and is focused on “minimizing adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and war fighting capability.”⁵³

<http://www.airforcemag.com/SiteCollectionDocuments/Testimony/2011/September%202011/090911jones.pdf>.

⁵³ Department of the Navy, Chief of Naval Operations, OPNAV Instruction 1720.4, Dec 28 2005, accessed November 15, 2014, <http://www.marforres.marines.mil/Portals/116/Docs/Chaplain/instruction/OPNAVINST1720.4%20SUICIDE%20PREVENTION.pdf>.

As with the Air Force, the role of the chaplain corps was to be a resource for the commanding officer and to refer sailors and marines who may be at risk for suicide to mental health providers. The Handbook for Suicide Prevention & Intervention Techniques distributed by the United States Navy Chaplain Corps reflects the limited role of Navy chaplains in earlier (pre-2005) suicide prevention programs used throughout DON. The training document advises Navy chaplains to care, listen, to give information and feedback as necessary, to suggest support systems and make a referral for help and follow-up.

In one of the most profound statements on the role of the Navy chaplain in the process, the training document gives the following instruction to chaplains, “Talking openly is the only way to find out how serious the person is about ending his or her life. If you suspect that a person is suicidal, begin by asking questions such as, ‘Are you feeling depressed?’ ‘Have you been thinking of hurting yourself?’ BE DIRECT. Don’t be afraid to talk suicide with the person. Getting him or her to talk is a positive step. Talking about it may lead the person away from committing suicide by giving him or her the feeling that someone cares. Before ending the discussion, ask, ‘Will you talk with someone who can help?’ and make arrangements for follow-up by a counseling professional.”⁵⁴

The last statement provides clear instruction on the role of the chaplain in the Navy’s suicide prevention program; be a referral resource for the real counseling professionals such as mental health providers. In 2005, with the above mentioned directive from the Chief of Naval Operations, the role of the chaplain in the overall strategy regarding suicide prevention began to expand the involvement of the chaplain corps.

⁵⁴ United States Navy Chaplain Corps, *Handbook for Suicide Prevention & Intervention Techniques*, 9.

The Department of the Navy implemented suicide prevention coordinators at each command level. The primary occupation of suicide prevention coordinator (SPC) members varied from command to command but was limited to either “medical officers (i.e., psychiatrist, flight surgeons, general medical officer) or medical service corps officer (i.e., clinical psychologist or social worker / substance abuse counselor) or command chaplain.”⁵⁵ In reading the directive for the appointment of the SPC at each command level, the mention of the command chaplain is the last counseling professional listed as a viable option for the commander.

The last two lines of the same paragraph give a clearer picture on the enhanced role of the chaplaincy as of December 2005. “The SPC will aid the CO in ensuring that the suicide prevention program is implemented. If a command does not have a command chaplain, a designated SPC could seek the advice of a command chaplain at the next echelon.”⁵⁶ While the wording of the instruction is vague, allowing for the possibility of the SPC to seek guidance from a command chaplain at the next command echelon is a significant step forward in the recognition of the positive role chaplains can have in implementing a viable suicide prevention program compared to previous directives from the Department of the Navy.

OPNAVINST 1720.4 also includes a specific role for chaplains and other service providers at the local command level. The directive states “local medical services, chaplains and religious program specialists, Fleet and Family Service Centers (FFSCs), health promotion

⁵⁵ Department of the Navy, OPNAV Instruction 1720.4, 1-2.

⁵⁶ Ibid, 2.

centers, and substance abuse counseling services shall provide coordination, expertise, and information to unit-level leadership allowing development and maintenance of program plans.”⁵⁷

In laymen’s terms, unit level (company) commanders are encouraged to utilize resources outside of the chain of command structure to help fulfill the program requirements of the suicide prevention policy. Chaplains, who are included in the above statement as resource providers to commanders, fall outside of the chain of command. The directive from the Chief of Naval Operations orders the Navy Chief of Chaplains to “develop procedures and policy to ensure that chaplain / religious program specialists execute their responsibilities regarding the Suicide Prevention Program in an appropriate and consistent manner throughout the Navy.”⁵⁸

Beyond the general guidelines present in the above paragraph, the Navy Chief of Chaplains was asked to provide assistance in implementing and evaluating the program. Specifics regarding the training of chaplains were left to the auspices of the chaplains’ office. After the distribution of OPNAVINST 1720.4, Navy Chaplains began to take more a leadership role in the implementation of suicide prevention program.

By 2008, Navy chaplains were serving as primary trainers of the revamped suicide prevention program known as ASIST (Applied Suicide Intervention Skills Training). ASIST is a training exercise which combines interactive role playing experience, audio-visual presentation and workbook activities. The ASIST program was facilitated by certified instructors including chaplains from across the Navy.

⁵⁷ Ibid.

⁵⁸ Ibid, 8.

“Navy chaplains across the Europe, Africa, Southwest Asia region are now offering a special suicide prevention program to help address the concerns Navy and Marine Corps leadership have regarding one of their top priorities - suicide prevention.

Along with the Navy's Life Skills/Health promotions mandatory annual suicide prevention training, region chaplains are providing service members and their dependents with the Applied Suicide Intervention Skills Training (ASIST) program.”⁵⁹ There are a lot of training requirements service members must complete in a calendar year. One of the drawbacks of this program is that the training only occurs once per year. The specially trained regional facilitators of the ASIST program would necessarily train local commanders and chaplains on how to give the training to their sailors.

The article goes on to state, “Hefner, with the help of other ASIST instructors around the region, will hold a training session Jan. 22-23 at NSA Naples and Jan. 26-27 at Naval Air Station (NAS) Sigonella. Hefner hopes to expand the program to all installations in the regions. *Right now we have certified instructors at Naples, Sigonella and Souda Bay, said Hefner. I hope that we can get a certified instructor at every base in order to increase suicide awareness and develop a strong prevention program.*” Lt. Hefner’s statement hoping to have certified trainers at every base must have been heard at the Pentagon.

Less than a year after the article, the Department of the Navy made moves once again to clarify its intention regarding suicide prevention including further defining the roles of the key personnel implementing the policy including the chaplain corps.

⁵⁹ Marc Rockwell-Pate, “Chaplains Offer New Suicide Prevention Training,” United States Navy, January 13, 2009, accessed, http://www.navy.mil/submit/display.asp?story_id=41775.

In August of 2009, the Chief of Naval Operations issued OPNAVINST 1720.4A regarding the implementation of an updated suicide prevention program. The directive gives detailed explanation on specific roles and responsibilities to different command levels and service providers in the field. OPNAVINST 1720.4 did not address the purpose of the creation of a suicide prevention program in any fashion. The replacement instruction OPNAVINST 1720.4A states the need for the program in its first full paragraph: “Factors including positive attitude, solid spirituality, good problem solving skills, and healthy stress control can increase individual efficiency and unit effectiveness and reduce risk of intentional self harm. As such, preventing suicide in the Navy begins with promotion of health and wellness consistent with keeping Service members ready to accomplish the mission.”⁶⁰

OPNAVINST 1720.4A has four elements training, intervention, response and reporting. The updated directive not only mentions the necessity for spirituality in suicide prevention; it provides for a more prominent role for Navy chaplains in the implementation and evaluation of the program. The 2005 instruction vaguely directs chaplains and other support professionals to give support to unit-level commanders in the development and maintenance of the program. The 2009 instruction gives clearer guidance as to the role of chaplains and other suicide prevention team members.

“Medical personnel, chaplains, Fleet and Family Support Center (FFSC) counselors, health promotion program leaders, the Navy Reserve Psychological Health Outreach team, substance-abuse counselors, and command Suicide Prevention Coordinators (SPCs) support local

⁶⁰ Department of the Navy, OPNAV Instruction 1720.4, 1.

leaders with information in their areas of expertise, intervention services, and assistance in crisis management.”⁶¹

In the response segment of the updated suicide prevention model, the OPNAVINST 1720.4A gives instruction on how to provide support to families and military / civilian personnel affected by a successful suicide or suicide attempt by their loved ones or co-workers. Once again, the chaplain corps is prominently included in this important activity: “Commands shall use organic resources or consult with the nearest medical personnel, chaplains or FFSC counselors to assess requirements for supportive interventions for units and affected Service members and shall coordinate with all local resources to implement interventions when needed.”⁶²

OPNAVINST 1720.4A is a more defined policy directive on the issue of suicide prevention in the Navy. It provided clearer guidance for commanders and support systems throughout the service branch. While the instruction for the Chief of Naval Operations is still being followed, new suicide training modules for chaplains are being disseminated and learned as recently as January of 2015. Navy chaplains in the mid-Atlantic region met at Joint Base Anacostia in October of 2014. The training focused on the use of pastoral care skills in suicide prevention activities and how to effective care for family members who have lost a loved one to suicide. As with their Air Force and Army counterparts, chaplains are usually the first line of support because they are embedded with soldiers, airmen and sailors.

⁶¹ Ibid, 2.

⁶² Ibid, 5.

On hand for the training was Navy Chief of Chaplains, Rear Admiral Margaret Grun Kibben who shared the following remarks to her peers: *"As chaplains and RPs, we are called to be where it matters, when it matters, with what matters.*

Perhaps this is never more poignant than in cases of suicide, said Chief of Navy Chaplains Rear Adm. Margaret Grun Kibben during her opening remarks.”

"We are there when it matters-in times of deep despair and hopelessness, speaking into the storm our people are facing and helping them reframe their struggles so that it's not a question of taking their life but taking control of their life, Kibben said. *"We are there with what matters - a completely confidential space for our people to share their fears and concerns; the professional skills to assess the risk of suicide; and the understanding of how to effectively intervene and equip our people with tools to keep themselves safe."*⁶³

One of the most valuable opportunities which chaplains can utilize being outside the chain of command is the freedom to retain confidential and private communications with service members. A constant worry from service members is the negative impact on their career which may occur if they open up about having suicidal ideations. The open door chaplains are able to provide offers a unique opportunity to serve as confidantes to people at their time of need. Navy psychologist Lt. Cmdr. Sam Stephens made the following statement at the conference: “Because chaplains are not mandatory reporters in the DoD or DoN, the unique confidentiality service members and families have with a chaplain can often open the door of opportunity for them to discuss thoughts of suicide and get help.

⁶³ Christianne Witten, “Navy Chaplain Corps Enhances Pastoral Care Capabilities in Suicide Prevention, Intervention, Postvention,” United States Navy, October 16, 2014, accessed March 5, 2015, http://www.navy.mil/submit/display.asp?story_id=83892.

Chaplains are often the first of many professionals who interact with service members at risk for suicide, so it's important to equip chaplains with the tools to best care for them.”⁶⁴

The statement from Lt. Cmdr. Stephens is a new paradigm in developing a approach to suicide prevention which includes chaplains as part of the counseling team as opposed to serving solely as a funnel for referrals. The value of the chaplains' spiritual approach when partnering with mental health professionals will provide the most effective care possible to those at risk. Suicide prevention programs in the Navy have made positive steps in creating an environment where chaplains are part of the therapeutic process. Like with their Air Force counterparts, Navy chaplains have had to work their way into meaningful roles in helping to save the lives of our brave men and women serving our country. The remainder of this chapter will share the evolution of the role of the chaplain in suicide prevention efforts in the United States Army.

Suicide in the Army

Suicide prevention programs of the Army has gone through significant transformations over the last decade. Since 2003, the service branch has had to utilize resources never used in wartime, the National Guard. Some of the citizen-soldiers of the ANG/ARNG who were mobilized during the conflicts with Iraq and Afghanistan joined the National Guard for job benefits and to pay for undergraduate education; some joined out of a heightened sense of patriotism after the attacks of September 11, 2001.

⁶⁴ Ibid.

In an interview for the American Force Press Service, Army Master Sgt. Juan Dozier shares his insight on why people enlisted in the Army, “Army Master Sgt. Juan Dozier calls himself ‘a recruiter of two different generations.’ There was the generation before 9/11 -- his generation -- who enlisted for various benefits the military could provide. ‘There wasn’t so much of a sense of purpose, of What can I do for my country?’ he said. ‘It was more, I need the training or education money.’ Dozier didn’t begrudge them -- he was one of them. Raised in the tough Southside Chicago neighborhood of Englewood, Dozier enlisted in the Army in 1989 as a way out.”⁶⁵

The change in the use of the National Guard is a new paradigm that will necessitate a partnership between the Department of Defense, the Veterans Administration, veteran service organizations (American Legion, VFW, AMVETS) and local organizations to provide adequate care.

Four years into the extended deployment cycle, data was being received which indicated a rise in the suicide rate of Army personnel. Kristin Ellis’ piece in *Soldiers Magazine* discusses the topic by stating, “The Army’s rate continues to be far below the national adjusted rate of 19.9 suicides per 100,000 people. In fact, the 2005 suicide rate for the Army was 13.0 deaths per 100,000 Soldiers, according to the ASPP.”⁶⁶ ASPP is the acronym for Army Suicide Prevention Program which was initiated and developed in 2001 from direction of the Army Chief of Staff. The Ellis story identifies two pressing concerns regarding suicide; its impact on the Army and its emergence as a public health crisis in the general population in the United States.

⁶⁵ Lisa Daniel, U.S. Department of Defense, “Recruiters Recall Patriotism of Post-9/11 America,” Sept 8, 2011, accessed November 12, 2016, <http://archive.defense.gov/news/newsarticle.aspx?id=65272>

⁶⁶ Kristin Ellis, “Preventing Soldier Suicide,” *Soldiers* 62 no. 4 (April 2007): 42.

The thesis topic necessitates most of the focus of this paper to be centered on the suicide prevention programs of the branches of the Armed Forces. However, the members of the Air and Army National Guard are citizen-soldiers who do not have the same access to branch specific suicide prevention programs once they leave active service. After re-integration from a deployment, besides meeting one weekend a month from mandatory training (drill weekends), a soldier or other service member may not have access to resources they may need to save their lives. For these service members, a local church may be the difference between attempting suicide and getting the help they need. As of 15 years ago, suicide was listed as the third leading cause of death of people between the ages of 15 and 24. Young men accounted for 72 percent of those deaths because they are four times as likely to commit suicides as their female counterparts.⁶⁷ Both the age and gender demographics fit the profile of young enlisted personnel who are members of the Air and Army National Guard.

The role of the local church can help to fill the resource gap which currently exists between drilling periods. An article in *Christianity Today* addresses the issue of suicide and the assistance local clergy can provide to mental health professionals by stating, “Pastors, family, and friends may not realize how easily counselors can be overwhelmed when dealing with a person contemplating suicide. The church is important, and even when the pastors refer a suicidal person elsewhere, the person will often come back to church.”⁶⁸ Local churches, and clergy members who have been trained in suicide prevention, can serve as valuable partners in keeping our service members safe in their civilian lives.

⁶⁷ Peri Stone-Palmquist, “Suicide: A Preventable Tragedy?” *Christianity Today* (June 12, 2000): 74-76, accessed November 12, 2013, <http://www.christianitytoday.com/ct/2000/june12/8.74.html>.

⁶⁸ *Ibid.*

In the early 2005, the Army implemented the Army Suicide Prevention Program (ASPP) to confront the above-mentioned suicide rate of 13.0 deaths per 100,000 soldiers. These numbers are slightly lower than the peak point rate of suicidal incidents in Air Force (16.0 per 100,000) between 2002 and 2011; however, both branches recorded significant increases. Suicide rates for the Department of the Navy could not be found for that period.

ASPP was designed as unit-level training which tried to remove the stigma of weakness of soldiers asking for help. As with the other service branches, chaplains were trained to screen at-risk soldiers and refer them along to counseling providers.

A unique aspect of ASPP was the initiation of peer interventions by fellow soldiers. The Ellis article in *Soldiers* magazine explains this part of the program by stating, “Another pillar of the ASPP is to maintain constant vigilance. One way commands achieve this is through ‘buddy care,’ where every Soldier has a trusted buddy to confide in and talk with about problems.”⁶⁹

While the buddy system is a useful tool for keeping soldiers responsible for training and battlefield situations, it was less successful in the suicide prevention program. Soldiers have a code of not reporting negative behavior of their fellow soldiers to the chain of command. It is seen to be a sign of disloyalty and could cause a loss of unit cohesion. Leaving the ethical dilemma of calling a chaplain, NCO (platoon or 1st sergeant) or commanding officer to the discretion of a personal friend became a very uncomfortable position for some soldiers to deal with. What if they acted and their friend’s military career was ruined? What if they did not make the call and their buddy carried out a suicide and died?

⁶⁹ Kristin Ellis, “Preventing Soldier Suicide,” *Soldiers* 62 no. 4 (April 2007): 43.

One of the unintended consequences of the buddy policy was an added level of stress on Army personnel who were now asked to identify and refer fellow soldiers to chaplains and mental health professionals. With multiple deployments of units to Iraq, Afghanistan and the Sinai Peninsula among other theatres since 2003, the Department of the Army (DA) initiated a five year deployment model for National Guard units. The one year deployed and four year home station cycle for guard members and reservists was established in 2001. However, the actual deployment time was lengthened to eighteen months due to multiple commitments and domestic crisis such as Hurricane Katrina.

Military mental health professionals have published multiple articles and studies researching possible connections between multiple deployments of military personnel and mental health disorders that may lead to suicidal actions. The eighteen month duration of deployment away from home station, including pre-deployment and post-deployment training briefings, understandably added to the stress level of soldiers and their families. In deployed units, the role of the embedded chaplain is crucial to help ascertain the mental and spiritual health of soldiers. In 2005, a Department of Defense (DoD) survey was distributed gauging health related behaviors among active duty military personnel. One of the most interesting research topics conducted post-survey looked at the role of chaplains in mental health care of deployed service members.

The research, presented in the publication *Military Medicine* states, “Increasingly, the CHC (chaplains) have become part of the mobile Combat Operational Stress Control teams who provide acute care for combat stress in Iraq (Operation Iraqi Freedom [OIF]) and Afghanistan (Operation Enduring Freedom [OEF]).

In theaters of operations, chaplains serve as a conduit between mental health providers and service members who may be hesitant to seek clinical treatment or who may not have immediate access to mental health providers.”⁷⁰

As with other service branches, the above quote mentions a point of utilization of Army chaplains; referral vehicles to mental health professionals because of access restrictions and fear of reprisal. On the issue of hesitancy to approach mental health professionals during deployment, it is understandable why a soldier would not want to admit weakness to a stranger several thousand miles from home. Soldiers also are aware mental health providers do not have the same level of confidentiality which is afforded to the battalion or brigade chaplain.

Army chaplains, just like their counterparts in the Air Force and Navy, are the preferred counseling contact for soldiers who feel they need help. However, according to the 2005 survey, there is a possible downside to this convenience of security: “Since all military branches consider communication with a chaplain to be ‘privileged communication’, they have become an attractive counseling option for those personnel who are concerned about negative career consequences related to seeking mental health care. But it is important to note that not all chaplains are the same regarding clinical counseling experience and knowledge, nor do they keep written records. This is worrisome since researchers have found a marked discrepancy between how service members report mental health needs and how those needs are greater when anonymity is guaranteed.”⁷¹

⁷⁰ Karen Besterman-Dahan, Susanne W. Gibbons, Scott D. Barnett, and Edward J. Hickling, “The Role of Military Chaplains in Mental Health Care of the Deployed Service Member,” *Military Medicine* 177, no. 9 (September 2012): 1028.

⁷¹ Ibid.

In other words, if chaplains are to serve as the preferred point of contact it is imperative they take better records of who they meet with. The 2005 survey advises Army leadership to provide better training for chaplains because they may be the only counseling professional service members every approach about the fears and concerns. It appeared the Department of the Army was paying attention to the recommendations presented by the research because a few years later policy was changed to give Army chaplains a more defined role in the implementation of ASPP.

In 2011, a dramatic change in the implementation of suicide prevention policy began to take shape across the DoD, and especially within the Army, with the publication and release of the RAND Corporation report, *The War Within: Preventing Suicide in the U.S. Military*.

The report researched the history of suicide within each service branch, identified best practices for preventing suicide and explained the overall philosophy and specific suicide prevention programs of the Army, Navy, Air Force and Marines.

In the Army section, the RAND study highlighted the work of Army chaplains as gatekeepers in the ASIST program (Applied Suicide Intervention Skills Training). Army chaplains were ordered to take on more leadership in the implementation of the program and that process is described below:

“The Army currently runs gatekeeper training programs that teach peers to act as gatekeepers, as well as a specific program for chaplains. The peer program was developed in response to an Army G-1 request that CHPPM develop a suicide intervention skill training support package (TSP) for Army-wide distribution (CHPPM, 2008). The result was CHPPM’s ACE suicide intervention program.

It aims to teach soldiers how to recognize suicidal behavior in fellow soldiers and the warning signs that accompany it; target those soldiers most at risk for suicide and the least likely to seek help due to stigma; increase a soldier's confidence to ask whether a battle buddy is thinking of suicide; teach soldiers skills in active listening; and encourage soldiers to take a battle buddy directly to the chain of command, chaplain, or behavioral health provider.”⁷²

The ACE training for chaplains is several hours in length and allows for the chaplain to facilitate the training to soldiers at the platoon level. The ASIST training allows for group discussion as well as a role-playing audio visual component.

The RAND report was partially funded by the Department of Defense because of the significant rise of suicides among military personnel in the later part of the 2000s between 2007 and 2010. The suicide rate increased dramatically across the DoD during this time period even though more resources were being utilized to treat this serious problem. In 2008, the Army began making significant changes to its suicide prevention policy because its previous version (implemented in 1984) was not effective in saving lives.

As part of the upgraded policy, the Army implemented a model similar to the Air Force community based, all hands on deck approach. The RAND report states, “AR 600-63, Army Health Promotion, was recently revised and includes information on the ASPP goals and objectives. Section 4-4 of this regulation establishes the policy and regulations for the ASPP, whose purpose is to minimize suicidal behavior and to establish a community approach to reduce Army suicides. This section stipulates that prevention programs will be implemented throughout the Army to secure the safety of individuals at risk for suicide, minimize the adverse effects of

⁷² Rajeev Ramchand, Joie Acosta, Rachel M. Burns, Lisa H. Jaycox., and Christopher G. Pernin, *The War Within: Preventing Suicide in the U.S. Military* (Santa Monica, CA: RAND Corporation, 2011), 66 – 67.

suicidal behavior on unit cohesion and other military personnel, and preserve mission effectiveness and warfighting capability.”⁷³

The updated program was broken up into four phases of training; pre-deployment, deployment, re-deployment and re-integration. The first phase occurs in the year build up to deployment while the National Guard soldier is still at their home station. The purpose of the pre-deployment phase is to build up mental, physical and spiritual resiliency. Resiliency is the ability to handle stressors in life in healthy ways. Part of this training, in the pre-deployment phase, is called the Battlemind program which was used for both the soldier and their spouse.

The training model for the Battlemind program is explained in the following excerpt from Summer 2011 edition of *Psychiatry*: “At the platoon level (30-50 personnel) soldiers were trained, using the U.S. Army’s resiliency-based Battlemind Program, with instructional slides and discussion focused on recognition of risk factors, early warning signs, and promoting assistance-seeking behaviors (United States Army, 2009). Role playing, testimonials, and discussions established expectations for the deployment and potential deployment-specific stress events.”⁷⁴

As mentioned above, the later third of the 2000s marked a dramatic increase in the suicide rate among DoD personnel, especially in the Army. The sheer numbers are sobering and heartbreaking. In research completed to address the possible reasons behind the rise in the suicide rate, two professors from the Air Force Academy in Colorado Springs came to this startling conclusion:

⁷³ Ibid, 87.

⁷⁴ Christopher H. Warner, George N. Appenseller, Jessica R. Parker,Carolynn Warner, Carroll J. Diebold, and Thomas Grieger, “Suicide Prevention in a Deployed Unit,” *Psychiatry: Interpersonal and Biological Processes* 74, no. 2 (Summer 2011): 129, accessed December 12, 2013, <http://dx.doi.org/10.1521/psyc.2011.74.2.127>.

“In fiscal year 2009, the Army lost more soldiers to suicide and accidental death than to combat fatalities.”⁷⁵ One of the possible correlations between suicide rate and active duty status is which branch the person is enlisted. Navy and Air Force suicide rates stayed about the same during the latter part of the 2000s while suicide rates rose significantly in deployed Army and Marine personnel serving in the ground campaigns.

A key turning point occurred in 2008 when the Department of Defense gave directions to all service branches to consolidate training on suicide prevention and to use identical forms to report incidents in the branch. “Since 2002, DoD has held a suicide-prevention conference. It is now organized by SPARRC and is attended by each service’s SPPM as well as professional health-care consultants, counselors, chaplains, unit suicide-prevention officers, substance-abuse professionals, and unit leaders. It is designed as an opportunity for members of DoD to learn about innovative suicide-prevention and treatment programs. Beginning in 2009, the conference was held jointly across DoD and the VA.”⁷⁶ As was mentioned earlier, compiled data showed Army and Marine ground personnel were more susceptible to suicide. A recurring theme in why soldiers do not seek help is the stigma involved with coming forward for assistance from mental health professionals.

The Army specifically has a problematic communications message where each soldier is trained to be self-sufficient while simultaneously being trained that it is ok to admit weakness to supervisors. To combat the stigma associated with seeking care, Army suicide prevention counselors in 2013 began to stress the importance of relationships in caring for each other.

⁷⁵ George R. Mastroianni and Wilbur J. Scott, “Reframing Suicide in the Military,” *Parameters* 41, no. 2 (Summer 2011): 6, accessed July 23, 2013, <http://strategicstudiesinstitute.army.mil/pubs/parameters/Articles/2011summer/Mastroianni%20and%20Scott.pdf>.

⁷⁶ Ramchand, Acosta, Burns, Jaycox, and Pernin, *The War Within*, 62.

In a training which took place in Hawaii, Dr. Michelle Linn-Gust said “many soldiers fear retaliation for speaking out. Some fear loss of status or position if they seek help. Soldiers fear leadership isn’t concerned about their wellbeing.”⁷⁷ Dr. Linn-Gust and other SPPM’s (suicide prevention program managers) continue to train soldiers and their local leadership teams to encourage help seeking behaviors and attack stigma when they find it. Another concern within the ranks of the Army is the loss of human connection which occurs after a soldier has come home from deployment. For eighteen months, soldiers have been part of tight knit unit who depended on each other not only for survival, but also to keep themselves accountable to each other. Perhaps a cause for a number of suicides can be traced to the absence of human connectedness from someone who has walked a mile in their boots. Emile Durkheim, an expert on the theory of suicide postulates that suicide may increase when the effectiveness of integration is either too much or not enough. In the case of integration, Durkheim’s term is called egoistic suicide. In the discussion of types of suicide, the authors of *Reframing Suicide in the Military* share a story of a suicidal incident of a soldier:

“A Sergeant First Class, depressed in part by the loss of friends from his unit after return from deployment, committed suicide while transitioning to Drill Sergeant School. Incredibly, his absence went unnoticed and his demise was not discovered by his unit for nearly five weeks until his landlord called the Army post to inquire why he had not paid his rent. Soldiers today commonly report that they form close relationships with their comrades in the military. Indeed, personnel policies in the all-volunteer force seem intended to foster exactly the kind of intense bonding that often occurs among unit members.

⁷⁷ Wayne Hankammer, “New Suicide Prevention Policy Regains ‘Human Element,’” U.S. Army Public Affairs, Dec. 5 2013, accessed December 8, 2014, http://www.army.mil/article/116493/New_Suicide_Prevention_policy_regains_human_element/.

Insofar as these policies are successful, they, along with the homogeneity of the military and the differences between military and civil society, may serve to accentuate and emphasize the decline in social integration that occurs when bonds between unit members are disrupted.”⁷⁸ The implications of the last paragraph are startling. If this behavior from a senior NCO can occur during transition to everyday Army life of a drill instructor, the possibility of suicidal actions by former active duty personnel serving in the National Guard is a very real threat. For National Guard soldiers, who after re-integration find themselves separated from these important relationships, once a month drill weekends may be one of the possible causal factors for suicidal behavior.

Durkheim’s research on egoistic suicide and social integration provides a valuable perspective in how an individual may feel hopeless outside of their preferred social context. In the general population, egoistic suicide in the time of war can be explained by the following example, “He (Durkheim) also found links between egoistic suicide and the extent of integration into the political context. For example, the suicide rate declined during war time because the society pulled together and thus became more integrated and dense as its members focused on winning the war. In contrast, suicides increased when a war ended and society became more individualistic and disintegrated.”⁷⁹

Former active duty military members are committing suicide at the rate of 22 per day in the United States. Veterans and re-integrated National Guard soldiers who have lost their everyday connection to comrades in arms continue to be at risk for suicide.

⁷⁸ Mastroianni and Scott, “Reframing Suicide,” 12-13.

⁷⁹ Kenneth Mottram and Larry VandeCreek, “Understanding Suicide and Its Bereavement: A Primer for Chaplain,” *Chaplaincy Today* 21, no. 2 (September 1, 2005): 6, accessed March 18, 2014, <http://www.tandfonline.com/doi/abs/10.1080/10999183.2005.10767280>.

The transition to civilian life is difficult because there is little to no contact to maintain the density of the military social unit. In this environment of operational necessity of standing down National Guard units, while keeping them in a drilling status one weekend a month, the Chaplain should be utilized as a pro-active partner of the suicide program prevention team to ascertain the mental and spiritual health of their fellow soldiers.

Chaplain Glenn Palmer who served as the chaplain for Task Force 2-70 during Operation Iraqi Freedom I and III shares his insight on the unique role of the chaplain in being a supportive presence for soldiers during stressful times. “Chaplains are always available. We go where the soldiers go and do what they do, albeit unarmed.

The chaplain who has experienced the same horror of war as the soldier offers credibility and empathy and a safe, sacred, confidential space and environment in which the soldier is free to share his story. God is present even if never mentioned.”⁸⁰

Chaplains in the Army have had mixed results in providing a counseling presence which is able to identify and refer soldiers at risk of suicide to the help they need. As was mentioned earlier, chaplains typically do not take notes during counseling sessions such as is required by mental health professionals. The lack of documentation leaves an unclear picture of how effective chaplains have been in their primary responsibility as gatekeepers for ASPP and ASIST. While there are numerous examples of chaplains providing excellent care to soldiers and their families, there are also reminders for the need of additional suicide prevention training for Army chaplains.

⁸⁰ Glenn Palmer, “Unloading Soldiers’ Burdens: Troops Heal through the Supportive Group Process Chaplains Provide,” *Army Times* (November 12, 2007): 62, accessed July 23, 2013, <http://search.proquest.com/docview/203410808?accountid=12085>.

A number of articles have been published by pastoral care professionals in addressing the issue of suicide in larger society and how chaplains can provide effective counseling to people in need. However, in 2005, an article on the issue of suicide and pastors came to the following conclusion, “suicide and depression clearly warrant the attention of the religious communities and suggests that 50 percent of suicides are preventable if helpers, such as clergy, are properly trained. Little if any evidence exists that either clergy or health care chaplains are any better prepared to respond today.”⁸¹

Ten years, and several policy changes later, chaplains are still being asked to serve as gatekeepers for ASPP and ASIST with limited training in suicide prevention skills. As gatekeepers, Army chaplains are primarily tasked to do initial training and refer soldiers at risk for suicide to mental health providers. In a 2015 RAND Corporation white paper of Army chaplains and their role in the suicide prevention program, the results showed a continuing trend of the Army not quite knowing how to utilize the resources of the chaplain corps.

Earlier in this thesis document, one of the purposes for creating a new team approach to suicide prevention was the uneasiness of chaplains to refer soldiers to mental health providers. However, this reluctance or uneasiness is only part of the issues of distrust between chaplains and mental health providers, another factor is a lack of training for chaplains to be confident in their ability to refer soldiers and effectively fulfill their duty. The RAND Corporation white paper address the training issue by stating,

“Less than half of chaplains reported ever being trained to provide behavioral health treatment for people with suicidal thoughts, which is expected given the limits of their training.

⁸¹ Mottram and VandeCreek, “Understanding Suicide,” 5.

Although past research suggests that pastoral counselors are not qualified to serve as mental health providers in assisting or counseling someone with suicidal thoughts (Mason et al., 2011), chaplains are likely to encounter such individuals and should be trained to provide acute care for suicidal service members.”⁸²

The survey received responses from over 800 Army chaplains and over 400 chaplain assistants. While not close to the entirety of the chaplain corps, the survey provides an informative view of how chaplains feel about their referral role in ASPP. Similar issues regarding the lack of training were expressed by local National Guard chaplains. Published in March of 2015, the RAND Corporation is the latest academic research completed on the subject of the role of chaplains and suicide prevention programs. It is clear there is a disconnect between the role the Army wants that chaplain corps to fulfill in the implementation of the suicide prevention program and the ability of chaplains to carry out those directives. The current suicide prevention program model, instead of having a joint effort to help service members in need, has placed pastoral care and behavioral health on opposite sides as competing interests.

⁸² Ramchand, Ayer, Geyer and Kofner, “Army Chaplains’ Perceptions,” 44.

CHAPTER 3

This chapter will focus on the survey and questions to be used to gather data for this thesis project. The plan is to distribute two sets of surveys to different populations that will be impacted by the proposed suicide prevention program. It is a goal of the research to posit a community based suicide prevention program which includes the assistance of local, civilian pastoral care providers. The second set of surveys will collect data regarding the training of civilian clergy in suicide prevention counseling methods.

As was mentioned above, the military chaplain survey that will be written as part of this research will be distributed to Army and Air National Guard Chaplains in the State of Maryland as well as select chaplains in the reserve and active duty components. The questions will be multiple choice answers and will ascertain whether Chaplains feel that the training currently being presented is effective and whether they received enough relevant information regarding suicide identification and/or counseling as part of the leadership team of first line responders. The format for both surveys will have multiple choice questions and will focus on whether these clergy members feel full engaged with the suicide prevention program on base or in the armory.

The purpose of civilian pastoral care survey will be to ascertain whether these local pastoral care professionals have experience in this type of counseling and if they would be willing to serve in this vitally important role. There will be a total of 30 surveys (civilian and military). The respondents of the surveys will be submitted on a voluntary basis. The primary conduit through which these surveys will be distributed will be through the Office of the State Chaplains in Maryland who has agreed to disseminate the survey to the subordinate chaplains.

Approval of the surveys will be through two primary organizations: the Joint Forces State Chaplain for the State of Maryland and the Institutional Review Board office at Liberty University. Once approved by these two organizations, the surveys will be distributed to the two target audiences via print and online methods. The print method will include a copy of the survey, a recruitment letter and a consent document for the participants to read. An electronic version of the survey and consent document will be provided to willing participant via Survey Monkey.

One of the outcomes of this research is to present a viable option to increase the effectiveness of pastoral care resources to reduce suicides among military personnel. In the last decade, there has been a historic increase in suicide of military personnel. The Department of the Army issued new policy directives and programs to address this serious issue. Despite best efforts by command staff and mental health professionals, suicide of service members is still a major concern. The survey questions are designed to determine the state of readiness of chaplains to be successful gatekeepers in current suicide prevention programs utilized across the Department of Defense, including the Army and Air National Guards.

As part of the consent document, instructions for completion of the survey are included with expectation of time commitment to answer the questions as well as how to return the survey to the researcher. The consent document also includes a statement of minimal risk as well as no direct benefits to survey participants. Participation in the survey will remain confidential and be kept secured in a locked file for a period of three years. Survey participants were provided contact information for the researcher, the faculty advisor – Dr. William England, and Liberty University’s Institutional Review Board in Lynchburg, Va.

Chaplain Survey Question Overview

The questions of the chaplain survey cover a wide range of topics to put together a baseline for experience, educational and ministerial training. The survey also seeks to determine how much suicide prevention training have been received by chaplains throughout their military service career. An explanation of the purpose and desired outcome of the survey questions will help to explain the methodology of the research study. All of the questions referred in this synopsis are included in the appendix in the rear of the thesis.

Question 1 asks “How long have you served as a Chaplain (years)?” The purpose of this question is to determine the length of time in service for military chaplains. The time of military service correlates with the amount of time as an ordained clergy member. The desired outcome is multi-faceted; 1) To demonstrate a level of professionalism in the chaplaincy; 2) To demonstrate the level of long-term commitment to the chaplaincy and the armed forces; 3) To show a level of unpreparedness and underuse for chaplains in suicide prevention programs at every stage of a chaplains’ career.

Question 2 asks “What is your current ministry assignment?” The purpose of this question is to determine the current billeting status of participating chaplains. A billet is a place assigned to military personnel. In the case of a chaplain, each chaplain is assigned an area of responsibility to do ministry with soldiers, Marines, sailors or airmen. Each service branch has their own names for the command levels.

For example, the Air Guard uses the terminology Squadron (battalion), Group (brigade) and Wing. In the Army National Guard, most chaplains are either assigned to a battalion or brigade level command. A chaplain progresses in ministerial responsibility by promotion in rank from battalion to brigade or other billets as needed.

The desired outcome from the question is to ascertain the current billeting opportunities afforded to chaplains. Are there any differences in the role of chaplains in suicide prevention programs between the battalion and brigade levels? If there are chaplains serving in other components (Air Guard) or other billet responsibilities larger than brigade, is there a difference in the role of the chaplain at that higher level of the command structure?

Question 3 asks the chaplains, “How many deployments have you or your unit participated in since 9/11?” The purpose of the question is to find out how many times chaplains have been deployed to Iraq, Afghanistan or any other combat forward area. The desired outcome from this question is to ascertain the possible connection between chaplains and their soldiers due to shared experiences during deployment.

Chaplains, in the current suicide prevention program, are given the assignment of serving as gatekeepers. What happens if they are unable to refer service members to mental health providers because they have never been deployed themselves? What if chaplains do not refer service members who may do harm to themselves to service providers because they deployed with them? Could multiple deployments of chaplains contribute to desensitization of possible warning signs of suicidal ideation?

Question 4 wants to find out the level of formal counseling training of chaplains by asking, “How many pastoral counseling courses did you receive in seminary training?”

The purpose of the question is to determine coursework completed by chaplains during their educational program. Every chaplain is required to complete a Masters of Divinity (M.DIV.) degree. However, every school has different requirements for completion of the degree program.

For example, in the Masters of Divinity in Chaplaincy program completed as part of my ascension to become a full chaplain, the program included five courses including marital, family and crisis counseling plus an introductory course in pastoral counseling as well as a chaplaincy internship at the Johns Hopkins Hospital. The desired outcome for the question is to demonstrate competency of chaplains in the area of pastoral counseling. Currently, the skills of pastoral care providers (i.e. military chaplains) are not being utilized because they are not seen as counseling professionals with relevant training and experience. Through the response to this question, a clearer picture of formal training of military chaplains may help to bridge the perceptual divide between mental health and pastoral care providers.

Question 5 deals with the level of counseling interactions between chaplains and service members by asking, "How many soldiers have you personally counseled who you referred to mental health professionals because of possible suicide ideation?" The purpose of the question is to determine the experience of chaplains in performing the gatekeeper role assigned to them in the current suicide prevention program model. The desired outcome is to demonstrate the importance of the role in the chaplain in serving as the first line of communication and as a trusted confidant in the treatment process.

If the responses from chaplains indicate a high number of referrals, the data could indicate chaplains are a preferred contact for soldiers with possible suicide ideation. National Guard chaplains, who are embedded with the soldiers and airmen, could be utilized to have an ongoing role in the treatment of service members and their families. The personal relationship between the service member and chaplain may provide the avenue for a team approach to counseling between visits to a mental health provider.

The next three questions are of a self-assessment nature focused on specific aspects of academic coursework in the field of counseling and suicide prevention. The responses to these questions are based on a Likert scale. The responses include five possible answers including strongly agree, agree, neutral, disagree and strongly disagree.

Question 6 asks the chaplains, “Seminary adequately prepared me for pastoral counseling?” The purpose of this question is for chaplains to provide a self-assessment of their overall pastoral counseling skills. The desired outcome is to demonstrate a need for further training of pastoral counseling skills in seminary education including on-going collaborative training in the Chaplain schools within the service branches. The primary purpose of chaplains in current suicide prevention programs across Department of Defense (DoD) is the identification of service members who may do harm to themselves and referring them to mental health providers. If the responses discover a deficiency in chaplain self-assessment in overall preparedness in their pastoral counseling skills, their ability to fulfill their responsibilities of gatekeepers will be compromised. The data may indicate a need for changing the mission of the chaplain schools of the Army, Air Force and Navy components to place primary focus on developing pastoral counseling skills for the entire chaplain corps.

Question 7 asks the chaplains if “Seminary adequately prepared me for grief / crisis counseling?” Continuing the line of question from #6, the purpose of this question is to gauge the self-assessment of chaplains when counseling a service member who may be experiencing some type of traumatic incident in their lives. This question will help to determine the current level of comfort of chaplains as they perform their duty in crisis counseling situations.

Seminary training may include coursework in specific types of counseling including pre-marital and marriage, family and youth. In terms of counseling of traumatic events, grief and crisis counseling is the most complimentary to the issues chaplains face when dealing with service members with suicide ideation and/or post-traumatic stress disorder (PTSD). Finding out the level of experience chaplains have in this counseling area can help to understand any discrepancy between desired outcome of chaplain involvement in the suicide prevention program and actual outcome of fulfilling the mission.

The desired outcome from the question is to show the discrepancy between the desired role which the Department of Defense envisions for chaplains to play in suicide prevention and the current capabilities of chaplains to fulfill this role. Grief and/or crisis counseling allows the counselor to help the service member process times of loss through a biblical worldview. If the self-assessment of chaplains is that they disagree or strongly disagree chaplains are prepared in grief and/or crisis counseling, it is understandable why chaplain are under-utilized in this area in regards to direct counseling in the current suicide prevention program.

Simply put, the chaplains who respond to the question may not be comfortable in providing this type of care for service members and their families.

Question 8 inquires about the coursework taken in the field of suicide prevention and identification by asking, “Seminary training adequately prepared me in suicide identification / prevention skills?” The purpose of the question is to have a self-assessment of the current state of readiness to identify and counsel service members with possible suicide ideation behaviors. While most chaplains have had some formal coursework in pastoral counseling in general, there may be a wide range of training and experience in the specific skills needed to identify and assess possible suicide behavior.

The desired outcome of the question is to show the current state of readiness of chaplains in the skill areas of suicide identification and prevention. As the gatekeepers in the suicide prevention programs throughout the service branches across the Department of Defense, the assumption is chaplains are able to identify and assess the soldiers who may be at risk of harm to themselves. If chaplains are uncomfortable in their current role because of inadequate education, the entire premise of their participation at this crucial level of counseling interaction is flawed. Specific training opportunities may be needed by chaplains that can be provided by the chaplain schools within the respective service branches.

The last three statements of the chaplain survey are focused on specific aspects of the suicide prevention program currently being implemented in the Army and Air National Guard. The responses to these statements are based on a Likert scale. The responses include five possible responses including strongly agree, agree, neutral, disagree and strongly disagree.

Question 9 makes the statement, “The Army National Guard Suicide Prevention Training adequately meets the needs of soldiers.” The purpose of the statement is to ascertain the effectiveness of the suicide prevention for soldiers from the perspective of the chaplain.

The desired outcome from the statement is to find out if chaplains believe the current suicide prevention is effective in serving the needs of service members. As the facilitator of the suicide prevention program at the local command level (company and battalion), the chaplain is uniquely positioned to provide crucial feedback regarding program effectiveness. In their role as the front line of counseling care for most service members, chaplains have insight as to whether the group-based training is effective in helping soldiers and airmen refer themselves and/or their fellow service members to counseling professionals.

As mentioned above, the statement seeks to ascertain the effectiveness of the current suicide prevention program from the perspective of the chaplain. The responses from this statement may be helpful in determining whether service members are being helped by the program or if it is another annual training box to check off during the once per month weekend drill. If there is a negative response from the statement (disagree or strongly disagree), perhaps a different training approach should be developed and utilized to make the program more effective.

Question 10 specifically inquires about the training of chaplains by asking for a response to the following statement, “The training of Chaplains in Suicide Prevention meets the needs of Chaplains for effective ministry.” The purpose of the statement is to ascertain the current self-assessment of chaplains as to the training they are provided by their respective service branch in regards to suicide prevention strategies and techniques. The desired outcome from the statement is to make the case for more specific training for chaplains in this crucial area of pastoral counseling. As was mentioned earlier in the research, service branches throughout the Department of Defense have made the decision that the role of chaplains in the suicide prevention program is to refer service members at risk to mental health professionals.

What kind of training is provided for chaplains to be able to meet that responsibility? In chapter two of this research, the RAND Corporation study on chaplains and suicide prevention showed significant negative responses by chaplains on the amount of training they have received by the Army.

The perception of lack of training can be detrimental to the fulfillment of job responsibilities. If chaplains do not feel trained enough to accomplish the mission as gatekeepers, does that mean these chaplains are not comfortable referring service members to mental health providers? If chaplains choose not to refer service members to mental health providers because of fear of misdiagnosis, brought on by incomplete training, has the lack of training a contributing factor in the rise of suicide rates of veterans and present members of the armed forces?

Question 11 of the survey deals with an assessment of the current parameters of chaplain involvement by asking for a response of the following statement, “Chaplains are being effectively utilized in Suicide Prevention Program.” The purpose of the statement is to gain an understanding of how chaplains see their role in the present suicide prevention program. Do they see their role as effective or do they see themselves as being under-utilized? The desired outcome from the statement is to show a level of frustration within the members of the chaplain corps in their current role.

Has the role for chaplains in the suicide prevention program across the Department of Defense caused the unintentional consequence of taking away a key counseling asset in helping to save the lives of service members?

Civilian Clergy Survey Overview

The questions of the civilian clergy survey cover a wide range of topics to put together a baseline for experience, educational and ministerial training. The survey also seeks to determine how much pastoral counseling and suicide prevention training have been received by local clergy members throughout their careers. An explanation of the purpose and desired outcome of the survey questions will help to explain the methodology of the research study. All of the questions referred in this synopsis are included in the appendix in the rear of the thesis.

Question 1 asks “How long have you served as a minister / pastor (years)?” The purpose of this question is to determine the length of time in ministry for civilian clergy members. The desired outcome is to ascertain the level of experience of local clergy. An additional outcome is to determine the chronological age of local pastors. The data will also demonstrate the long-term commitment to ministry by local pastors. Finally, the data may show if there is any interest for participating in a community based suicide prevention program regardless of the years or decades of ministerial experience.

Question 2 inquires about the formal classroom instruction in counseling by asking, “How many pastoral counseling courses did you receive in seminary training?”

The purpose of the question is to determine the level of coursework in counseling completed by local civilian clergy during their seminary education. Unlike the military chaplaincy, there are different qualifications of necessary educational requirements for ordination. Some local clergy members who have been pastors for decades have never enrolled in a graduate level course in theology, homiletics or church history.

While there are uniformed standards of education which must be completed to be a recognized military chaplain, the training of civilian clergy members vary significantly dependent on the requirements set forth by the endorsing denomination. The desired outcome for the question is to demonstrate different levels of competency of civilian clergy members in the area of pastoral counseling. An additional outcome is to show the level of formalized education in counseling which exist among local clergy members. The resource can be utilized in putting together a community based system of local pastoral care professionals to help current service members and veterans.

Question 3 wants to find out the experience of civilian clergy in suicide prevention counseling by asking, “How many people have you personally counseled who you referred to mental health professionals because of possible suicide ideation?” The purpose of the question is to determine the experience of civilian clergy in suicide prevention counseling. The desired outcome is to show the pervasiveness of suicide in society. Suicide is not just a military problem; it is a nationwide problem.

The data will show the experience of local clergy in helping people to see beyond their present state of hopelessness to envision a brighter future. The data will show the pastoral care resources which exists in local churches that can help service members and veterans struggling with thoughts of suicide. The civilian pastoral care resources can provide the same function during non-drill times as their military chaplain counterparts perform during drill weekends. Local pastors, with suicide prevention counseling experience, can serve as referral conduits for people at risk (both civilian and military) to seek help from mental health providers.

The next two questions are of a self-assessment nature focused on specific aspects of academic coursework in the field of counseling and suicide prevention. The responses to these questions are based on a Likert scale. The responses include five possible answers including strongly agree, agree, neutral, disagree and strongly disagree.

Question 4 asks the clergy members, “Seminary adequately prepared me for pastoral counseling?” The purpose of this question is for local clergy members to provide a self-assessment of their overall pastoral counseling skills. The desired outcome is to demonstrate a need for further training of pastoral counseling skills in seminary education including on-going collaborative training with other local pastors, military chaplains or the Veterans Administration.

As mentioned above, there exist a wide range of formal education requirements for ordination dependent on the endorsing denomination. If the responses discover a deficiency in the self-assessment in overall preparedness in their pastoral counseling skills, the data may indicate a need to place focus on developing pastoral counseling skills through formal coursework.

Conversely, if there is a positive assessment of their counseling preparation through formal studies, further inquiry to the type of seminary program may be helpful to duplicate successful programs to increase the number of trained pastoral counseling professionals.

Question 5 inquires about the coursework taken in the field of suicide prevention and identification by asking, “Seminary training adequately prepared me in suicide identification / prevention skills?” The purpose of the question is to have a self-assessment of the current state of readiness to identify and counsel people with possible suicide ideation behaviors.

As mentioned above, there is a wide variety of training and education in pastoral counseling in general for local clergy and pastors, this question seeks to find out the level of comfort local pastors have in the specific area of suicide prevention counseling. The desired outcome of the question is to show the current state of readiness of civilian pastors and local clergy in the skill sets of suicide identification and prevention. The data will help to determine if a community based suicide prevention model utilizing local clergy is viable.

The goal of the community based suicide prevention program for service members and veterans is to establish a cadre of trained and experienced local pastors to provide care for people at risk of harming themselves. If the data shows a positive self-assessment of their formal training in suicide prevention, steps should be made to share that knowledge to their colleagues to equip more local pastors in this important area of ministry. If local clergy members and pastors are uncomfortable in counseling people with possible suicide ideation because of inadequate education, specific training opportunities may need to be provided to them.

The next two questions are focused on the specific area of counseling veterans and/or current military personnel with Post-Traumatic Stress Disorder (PTSD). The responses to these questions are based on a Likert scale. The first question is designed as an indicator of experience in providing this type of counseling intervention while the second question is designed to assess the current preparedness of local pastors in this area. Question 6 asks, "Have you counseled Veterans and/or Military Personnel suffering with Post-Traumatic Stress Disorder (PTSD)?" The purpose of the question is to ascertain the level of experience local pastors have with providing pastoral counseling to this segment of the population.

The desired outcome is to show significant counseling interactions between veterans and/or military personnel and local pastors. One of the possible negative reactions of initiating a community based suicide prevention model which utilizes local pastors as key caregivers is a perceived lack of experience of local pastors to serve as an extended network of gatekeepers to mental health providers employed or contracted by the Department of Defense. This data will help to prove pastoral care resources are available and stand ready to provide assistance.

Question 7 inquires about self-assessment of local pastors to provide counseling to veterans and military personnel at risk by asking, “Do you feel you are adequately prepared to counsel veterans and/or military personnel with PTSD symptoms?” The purpose of the question is to determine the level of comfort local pastors have in providing this type of counseling interaction. The desired outcome is to show a level of comfort by local pastors to provide effective, life-affirming counseling to veterans and/or current military personnel.

Local pastors frequently provide spiritual care to individuals and families who go through traumatic events in their lives from sickness to death. While there are specific traumas which occurs during deployment periods, the local pastor in a counseling role can use the same biblical teaching to help the person move themselves from hopelessness to hopefulness.

Question 8 wants to know the interest of local pastors to be involved in this type of counseling by asking, “Indicate your interest in participating in a community based suicide prevention program focused on veterans and/or military personnel?” The purpose of the question is to ascertain the level of interest of local pastors to be involved in a project of this type. The responses are on a Likert scale ranging including Strong Interest, Moderate Interest, Limited Interest and No Interest.

If there is limited or no interest in this type of community based project, then the formation of a comprehensive suicide prevention program is not realistic. The desired outcome is an expressed interest (strong or moderate) from local pastors to participate in this type of community based program. An engaged cadre of local pastors, working together with a correctly utilized corps of military chaplains, can be the nucleus of a new paradigm of care for soldiers, sailors, airmen, veterans and their families.

CHAPTER 4

This chapter will focus on the responses to the survey questions that were used to gather data for this thesis project. As was mentioned in the previous chapter, the researcher distributed two sets of surveys to different populations that will be impacted by the proposed suicide prevention program. The first goal of the research is to ascertain the current experience of military chaplains and to posit a community based suicide prevention program which includes the assistance of the chaplain corps. The second set of surveys will collect data regarding the experience and training of civilian clergy in suicide prevention counseling methods.

As was mentioned above, the military chaplain survey that was written as part of this research was distributed to Army and Air National Guard Chaplains in the State of Maryland as well as select chaplains in the reserve and active duty components. The multiple choice format was designed to ascertain whether Chaplains felt that their current training is effective for their specific ministry needs and whether they received enough relevant information regarding suicide identification and/or counseling as part of the leadership team of first line responders. The format for both surveys consisted of multiple choice questions and focused on whether these clergy members feel full engaged with the suicide prevention program on base or in the armory.

The purpose of civilian pastoral care survey was to ascertain whether these local pastoral care professionals have experience in suicide prevention counseling and if they would be willing to serve in this vitally important role. There were a total of 31 surveys (civilian and military). The respondents of the surveys submitted their answers on a voluntary basis.

The primary conduit through which these surveys were distributed was through the Office of the State Chaplains in Maryland who agreed to disseminate the survey to the subordinate chaplains.

Approval of the surveys was through two primary organizations: the Joint Forces State Chaplain for the State of Maryland and the Institutional Review Board office at Liberty University. The surveys were distributed to the two target audiences via print and online methods. The print method included a copy of the survey, a recruitment letter and a consent document which the participants were asked to read before filling out the survey. An electronic version of the survey and consent document was provided to willing participants via Survey Monkey, a web based survey interface.

One of the stated outcomes of this research was to present a viable option to increase the effectiveness of pastoral care resources to reduce suicides among military personnel. In the last decade, there has been a historic increase in suicide of military personnel. The Department of the Army issued new policy directives and programs to address this serious issue. Despite best efforts by command staff and mental health professionals, suicide of service members is still a major concern. The survey questions were designed to determine the state of readiness of chaplains to be successful gatekeepers in current suicide prevention programs utilized across the Department of Defense, including the Army and Air National Guards.

As part of the consent document, instructions for completion of the survey were included with expectation of time commitment to answer the questions as well as how to return the survey to the researcher. The consent document also included a statement of minimal risk as well as no direct benefits to survey participants.

Participation in the survey will remain confidential and be kept secured in a locked file for a period of three years. Survey participants were provided contact information for the researcher, the faculty advisor – Dr. William England, and Liberty University’s Institutional Review Board in Lynchburg, Va.

Chaplain Survey Question Responses

The questions of the chaplain survey covered a wide range of topics to put together a baseline for experience, educational and ministerial training. The fifteen completed surveys sought to determine how much suicide prevention training had been received by chaplains throughout their military service career. The aggregate responses to the survey are included in the appendix in the rear of the thesis.

Question 1 asked “How long have you served as a Chaplain (years)?” The purpose of this question was to determine the length of time in service for military chaplains. The time of military service directly correlates with the amount of time as an ordained clergy member. The result of the questions showed the various experience of the chaplains. Three of the fifteen respondents stated they had 1 to 3 years’ experience as a chaplain. The remainder of the chaplains broke evenly between three different segments of experience – 4 to 7 years, 8 to 12 years and 23 or more years of service. A successful career as a military chaplain can be beneficial to commanders and soldiers by being a sounding board for both interests. A key aspect missing in the results is a lack of mid-level chaplains between 13 and 22 years of service in the state of Maryland.

While this data may just be symptomatic in Maryland, it may be worth further study at the national level. As the more experience chaplains get ready to retire, the next level of management in the chaplain corps may not be ready to fill those boots. More than any other branch, the chaplain corps rely on one on one or small group communication to share training strategies and to serve as peer counselors with each other while they serve their soldiers through their ministry.

Question 2 asked “What is your current ministry assignment?” The purpose of this question was to determine the current billeting status of participating chaplains. A billet is a duty station assigned to military personnel. In the case of a chaplain, each chaplain is assigned an area of responsibility to do ministry with soldiers, Marines, sailors or airmen. Each service branch have their own name for the command levels. The Air Guard uses the terminology Squadron (battalion), Group (brigade) and Wing. In the Army National Guard, most chaplains are either assigned to a battalion or brigade level command. A chaplain progresses in ministerial responsibility by promotion in rank from battalion to brigade or other billets as needed.

The desired outcome from the question was to ascertain the current billeting opportunities afforded to chaplains. Twenty percent of the respondents stated they were billeted as a battalion chaplain while another twenty percent identified their ministry placement as a brigade chaplain. Since there were a variety of ministry postings identified by the respondents, the question of the last chapter becomes very relevant: Are there any differences in the role of chaplains in suicide prevention programs between the battalion and brigade levels? In the research on this thesis, there were no studies published which looked at any possible variations in the role of chaplains in the implementation of suicide prevention programs between the battalion and brigade command levels.

Of the fifteen chaplains who participated, six of them were assigned to a ministry unit outside of the battalion/squadron, brigade/wing command level. The nine chaplains serve in different ministry roles who have not been given a battalion posting or chaplain staff in the Joint Forces Headquarters Office who supervise chaplains across the state of Maryland. Three of the respondents were chaplain candidates who are assigned as ministry responsibilities as chaplains to their units under the supervision of a brigade/wing command chaplain.

The last Chaplain supervisory ministry opportunity mentioned in the above paragraph, larger than the brigade/wing level, posits the following question: Is there a difference in the role of the chaplain at that higher level of the command structure? Supervisory chaplains, such as a state chaplain or Joint Forces Headquarters Chaplain, is tasked to make sure their subordinate chaplains are adequately trained to provide meaningful ministry to soldiers, airmen and their families. Are there specific training modules in suicide prevention methodologies which are given to field grade chaplains (Major and above)? Perhaps these trainings are given to senior chaplains at their branch service schools such as the US Army Chaplains Center and School (USACHCS) in Fort Jackson, S.C. Future study may be necessary to ascertain the level of training supervisory chaplains receive in implementing suicide prevention programs.

Question 3 asked the chaplains, “How many deployments have you or your unit participated in since 9/11?” The purpose of the question is to find out how many times chaplains have been deployed to Iraq, Afghanistan or any other combat forward area. The desired outcome from this question is to ascertain the possible connection between chaplains and their soldiers due to shared experiences during deployment.

Of the fifteen chaplains who participated, ten of them or 66 percent of chaplains had deployed once or twice since September 11, 2001. The remaining two chaplains responded they were deployed three or more times during the same period. Chaplains, in the current suicide prevention program, are given the assignment of serving as gatekeepers. As the primary gatekeepers, who are tasked with identifying soldiers with possible suicide ideations, are chaplains placed in the proper environment to screen the soldiers under their care? Another issue which is connected to the above question is the impact of deployments on chaplains. In other words, could multiple deployments of chaplains contribute to desensitization of possible warning signs of suicidal ideation?

Chaplains who have served multiple deployments since September 11, 2001 have also faced issues of depression and PTSD. A surface understanding of the role of a deployed chaplain is that “we tend to think of a chaplain's faith as his armor against the horrors of war. The same way we think the medical training of care providers is their shield. But those who are affected by post-traumatic stress disorder aren't just the soldiers in battle, they are the people taking care of those troops — the chaplains, the medics and even mental health professionals, military psychiatrists say.”

In a cursory search on articles of chaplains and PTSD, the writer found two dozen stories of chaplains who publicly admitted their struggles with depression and PTSD. Further study is needed on the impact of deployments and PTSD on the chaplain corps. Could soldiers be at risk because of damaged chaplains who are suffering from their own symptoms of PTSD and depression? An article published written in Guideposts by Chaplain Roger Benimoff describes his struggle with depression and PTSD in the following excerpt: “*Standing with a family after the death of a soldier was one of the most basic functions of military chaplaincy. If I couldn't do*

that, what was I here for? I found myself climbing stairs, searching for someplace quiet. What was happening to me? Yes, serving in Iraq had been tough—I'd been shot at, counseled anguished soldiers and recited Scripture over the bodies of men I'd come to know and love. But that's what the job was. Why couldn't I put the war behind me, move on? I was a man of faith. Right? Faith. I peered through a stairwell door into a deserted passage and slipped in. I definitely talked a good game when it came to faith. My job was all about faith. But what did I really believe? I knew how my wife, Rebekah, would answer that question. I'd stopped going to church with her and our two boys soon after coming home from my second tour. Churches were full of people. The crowds made me anxious. The sermons made me mad. All this talk of God's compassion, God at work in the world. Was he at work when men in my regiment were blown apart by roadside bombs? Killed by a grenade—while guarding a hospital? Was it God who'd let me sink so low emotionally that I could barely tolerate the company of my own family?"⁸³

The struggles of service members with PTSD are not a new occurrence. Furthermore, the impact of PTSD on members of the chaplaincy is not a new phenomenon. However, in the post-September 11 world with multiple deployments of National Guard units and the role of National Guard chaplains as gatekeepers in the suicide prevention program, more study may be warranted on the impact of PTSD on chaplains and their mission effectiveness.

Question 4 wants to find out the level of formal counseling training of chaplains by asking, "How many pastoral counseling courses did you receive in seminary training?" There are a wide variety of requirements in counseling courses in different MDIV programs in seminaries across academia.

⁸³ Roger Benimoff, "PTSD: A Military Chaplain's Private Battle," *Guideposts*, accessed December 8, 2014, <https://www.guideposts.org/helping-others/ptsd-a-military-chaplains-private-battle?nopaging=1>.

The purpose of the question is to determine the level of formal coursework in counseling completed by chaplains during their graduate education to receive their Masters of Divinity (M.DIV). According to the answers provided by the 15 chaplains who responded to the survey, nine chaplains or 60% responded they had one to three counseling courses during their seminary training. The remaining six chaplains responded they had four to six courses (4 or 27%) or 7 plus counseling courses (2 or 13%) in their seminary training.

There are several important questions which come to mind in response to the answers provided by chaplains. What level of formalized training in counseling is provided to new chaplains while they are in seminary? Is there adequate opportunity to peer training in counseling techniques between trained chaplains and chaplains who may need mentorship in this area? Are there substantive differences in mandated coursework in counseling between seminaries? Finally, should there be a baseline standard of certain types of counseling courses for future military chaplains? A positive outcome from the question is a unanimous response regarding the completion of counseling courses. This demonstrates a level of basic competency of chaplains in the area of pastoral counseling. In the experience of the researcher, and from responses of chaplains from this survey, the skills of pastoral care providers are not being effectively utilized because they may not have adequate training and experience. Future assessments of a wider sample of chaplains is needed to fully quantify their level of training in counseling techniques.

Question 5 seeks to identify the number of counseling interactions participated in by chaplains by asking, “How many soldiers have you personally counseled who you referred to mental health professionals because of possible suicide ideation?”

One of the key aspects of chaplain ministry in today's armed forces is the ability to perform the gatekeeper role assigned to them. Do chaplains have the experience to carry out this important function in the current suicide prevention model employed by several service branches within the Department of Defense?

According to the responses to the survey, 73% of the chaplains (11 out of 15) have referred 8 or more service members to mental health professionals while the remaining 27 percent answered they had more limited experience. Clearly, these chaplains have received the message to refer at-risk soldiers to mental health professionals and are following those directives.

The goal of the research topic is to introduce a new role for chaplains and civilian pastors in reducing the number of potential suicides of service members and veterans. In fulfilling their roles as gatekeepers, do chaplains have the ability or the access to be included in on-going counseling plans or are they brushed off as not integral to the recovery process?

As the data shows, the chaplains in their responses have identified a high number of referrals. Chaplains could be better utilized as a preferred contact for soldiers with possible suicide ideation and to have an ongoing role in the treatment of service members and their families. A community based support apparatus can strengthen the relationships between the service member, chaplain and mental health provider to establish a team approach to counseling between weekend drills and/or future deployments. As was mentioned in the previous chapter, the next three questions are of a self-assessment nature focused on specific aspects of academic coursework in the field of counseling and suicide prevention. The responses to these questions are based on a Likert scale. The responses include five possible answers including strongly agree, agree, neutral, disagree and strongly disagree.

Question 6 asks the chaplains, “Seminary adequately prepared me for pastoral counseling?” The purpose of this question is for chaplains to provide a self-assessment of their overall pastoral counseling skills. In terms of being prepared for pastoral counseling duties, eight out of fifteen chaplains (53%) responded they were adequately trained. Two of the chaplains responded neutrally while the other five chaplains did not feel they were adequately trained in their seminary studies.

One-third of the chaplains who responded to the questionnaire did not feel they were adequately trained in pastoral counseling techniques. The outcome stated above demonstrates a need for further training of pastoral counseling skills in the Chaplain schools within the service branches. While the data is useful in understanding current deficiencies in pastoral counseling skills for seminary students, it does not address the full range of experiences and learning opportunities for military chaplains. The fact only 53% of chaplains feel adequately trained for this important segment of ministry is problematic in fulfilling the responsibilities of gatekeepers for service members who are at-risk for suicide ideation. The data seems to indicate a need for changing the mission of the chaplain schools of the Army, Air Force and Navy components to place primary focus on developing pastoral counseling skills for the entire chaplain corps.

Question 7 asks the chaplains if “Seminary adequately prepared me for grief / crisis counseling?” Continuing the line of question from #6, the purpose of this question is to gauge the self-assessment of chaplains when counseling a service member who may be experiencing some type of traumatic incident in their lives. The results for this question was similar to the previous question where eight of fifteen chaplains agreed they were adequately trained for this type of counseling. The remaining seven chaplains or 47% did not answer in the affirmative with most of them (five) responding either disagree or strongly disagree.

Clearly, there is a level of discomfort of chaplains as they perform their duty in crisis counseling situations. This discomfort is important to identify and address because of the possible discrepancy between desired outcome of the chaplains' role as a gatekeeper in the suicide prevention program and the actual outcome of fulfilling the mission. The level of discomfort in the area of preparation in grief and/or crisis counseling may be one of the reasons why chaplains are under-utilized in this area in regards to direct therapeutic counseling in the current suicide prevention program. Simply put, the chaplains who respond to the question may not be comfortable in providing this type of care for service members and their families.

Question 8 seeks to ascertain the extent of coursework taken in the field of suicide prevention and identification by asking, "Seminary training adequately prepared me in suicide identification / prevention skills?" The purpose of the question is to have a self-assessment of the current state of readiness to identify and counsel service members with possible suicide ideation behaviors. While most chaplains have had some formal coursework in pastoral counseling in general, there may be a wide range of training and experience in the specific skills needed to identify and assess possible suicide behavior.

More than any other question, the responses from the chaplains who responded paints a somber picture of the current state of readiness of chaplains within the current suicide prevention program. Eleven out of fifteen chaplains responded they disagreed or strongly disagreed they were adequately prepared in seminary with suicide identification / prevention skills. In contrast to the 73% who responded they were not adequately trained, only two chaplains (13%) felt they were adequately trained for this type of counseling in their seminary training.

As the gatekeepers in the suicide prevention programs throughout the service branches across the Department of Defense, the assumption is chaplains have received adequate training to identify and assess soldiers who may be at risk of harming themselves. If chaplains are uncomfortable in their current role because of inadequate education, the entire premise of their participation as gatekeepers is flawed. The data suggests specific training opportunities are needed to assist chaplains to fulfill their gatekeeper responsibilities. This training can be provided through the chaplain schools within the respective service branches.

The last three sections of the chaplain survey are focused on specific aspects of the suicide prevention program currently being implemented in the Army and Air National Guard. The responses to these statements are based on a Likert scale. The responses include five possible responses including strongly agree, agree, neutral, disagree and strongly disagree. Question 9 makes the statement, “The Army National Guard Suicide Prevention Training adequately meets the needs of soldiers.” The purpose of the responses is to ascertain the effectiveness of the suicide prevention for soldiers from the perspective of the chaplain. As the facilitator of the suicide prevention program at the local command level (company and battalion), the chaplain is uniquely positioned to provide crucial feedback regarding program effectiveness.

The chaplain’s perspective comes from being the facilitator of the training and also from speaking to service members directly. From the response to question 9, only 1/3 or five out of the fifteen chaplains answered with either a strongly agree (2) or agree (3) response. The remaining 66% or ten out of fifteen chaplains gave a neutral or disagreed with the statement. The responses from this statement is troubling because it seems to indicate a lack of effectiveness of the suicide prevention program. Is the current suicide prevention program helpful to service members?

Does this lack of belief in effectiveness carry over to the level of preparation in order to be fully trained as the facilitator of suicide prevention training? While there was not an overtly negative indicator in the responses (strongly disagree), having two-thirds of chaplains reporting a neutral or disagree answer may suggest that a different training approach should be developed and utilized to make the program more effective.

Question 10 specifically inquires about the training of chaplains by asking for a response to the following statement, “The training of Chaplains in Suicide Prevention meets the needs of Chaplains for effective ministry.” The purpose of the responses is to ascertain the current self-assessment of chaplains as to the training they are provided by their respective service branch in regards to suicide prevention strategies and techniques. Most of the chaplains responded favorably to the training provided to them as chaplains. Ten of the fifteen chaplains (66%) responded favorably to this question with two of the ten answering strongly agree. In contrast, only three of the fifteen responded they were in disagreement and zero had a strongly disagree response.

As was mentioned previously, in chapter two of this research, the RAND Corporation study on chaplains and suicide prevention showed significant negative responses by chaplains on the amount of training they have received by the Army.

Clearly, the reverse is true in the case of the National Guard chaplains interviewed for this survey. Further study may be necessary to demonstrate if this difference in perception truly exist between the active duty and National Guard chaplains. The chaplains interviewed for this survey feel adequately trained by their local command structure to fulfill their role in the suicide prevention program.

The perception of adequate training may encourage chaplains to fulfill the crucial responsibility of gatekeeper they are tasked with. If chaplains feel trained enough to accomplish the mission, these chaplains would be more willing to provide care and feel comfortable referring service members to mental health providers. The hypothesis seems to bear fruit in reality when one considers the response of the last question of the chaplain survey which deals with perceptions of chaplains and their utilization in the suicide prevention program.

Question 11 of the survey deals with an assessment of the current parameters of chaplain involvement by asking for a response of the following statement, "Chaplains are being effectively utilized in Suicide Prevention Program." As mentioned at the end of the last paragraph, the chaplains who responded to the question were pretty evenly split between feeling effectively utilized and not being effectively utilized in the current suicide prevention program. Seven out of fifteen chaplains (47%) responded positively while the other eight chaplains responded either with a neutral (five) or negative (three) answer.

The positive takeaway from the self-assessment is only twenty percent of chaplains felt underutilized in the current suicide prevention program. Another positive is the possible reinforcement regarding peer to peer training between engaged chaplains and their less than fulfilled colleagues. The flipside of the coin is eight of fifteen chaplains (53%) responded either neutrally or negatively to the statement regarding effective utilization. Is there an untapped level of frustration within the members of the chaplain corps in their current role? The five chaplains who responded neutrally are 33% of the respondents. Why did these chaplains choose not to respond to an anonymous survey? Five out of fifteen respondents is a significant enough of the sample to warrant further study in a different type of wider survey mechanism.

Civilian Clergy Survey Responses

As was explained in chapter three, the questions of the civilian clergy survey cover a wide range of topics to put together a baseline for experience, educational and ministerial training. The survey also seeks to determine how much pastoral counseling and suicide prevention training have been received by local clergy members throughout their careers.

An explanation of the purpose, desired outcome and the results of the survey questions will help to explain the methodology of the research study. All of the questions referred in this synopsis are included in the appendix in the rear of the thesis. Question 1 asks “How long have you served as a minister / pastor (years)?” The purpose of this question is to determine the length of time in ministry for civilian clergy members. The desired outcome was to ascertain the level of experience of local clergy. Additional outcomes included determining the chronological age of local pastors as well as to demonstrate the long-term commitment to ministry by local pastors. Thirteen of the sixteen pastors (81%) had served more than eight years in ministry with almost half that amount serving more than twenty-three (23) years in ministry. The data seems to suggest a pool of experienced local pastors with an average of a decade or more of ministry experience.

Question 2 inquires about the formal classroom instruction in counseling by asking, “How many pastoral counseling courses did you receive in seminary training?” The purpose of the question is to determine the level of coursework in counseling completed by local civilian clergy during their seminary education.

Six of the sixteen local pastors (37%) who responded to the question answered they had four or more academic courses in pastoral counseling while in seminary training. All of the local clergy members responded they had at least one academic course in the area of pastoral counseling. The desired outcome was to demonstrate different levels of competency of civilian clergy members in the area of formalized education in pastoral counseling. The results from the sixteen responses shows a moderate range of expertise in formal academic training regarding coursework in pastoral counseling. The data suggests ministers and pastors can be selectively utilized to put together a community based system of local pastoral care professionals to help current service members and military veterans.

Question 3 wants to find out the experience of civilian clergy in suicide prevention counseling by asking, “How many people have you personally counseled who you referred to mental health professionals because of possible suicide ideation?”

The purpose of the question is to determine the experience of civilian clergy in suicide prevention counseling. The desired outcome was to show the pervasiveness of suicide in society. Suicide is not just a military problem; it is a nationwide problem. According to the latest available government data on the issue of suicide released by the Centers for Disease Control, there is a significant rise in suicides in the last fifteen years. The research findings state, “From 1999 through 2014, the age-adjusted suicide rate in the United States increased 24%, from 10.5 to 13.0 per 100,000 population, with the pace of increase greater after 2006.”⁸⁴

⁸⁴ Centers for Disease Control and Prevention, “Increase in Suicide in the United States, 1999–2014,” NCHS Data Brief No 241, April 2016, accessed Dec. 12, 2014, <http://www.cdc.gov/nchs/products/databriefs/db241.htm>.

Eight of the sixteen local pastors indicated they provided referral counseling services for four or more people in their communities. The remaining seven pastors who participated by answering this question indicated they provided the same counseling interventions to one to three people. The desired outcome was to show the pervasiveness of suicide in society. With the data gathered here from these local pastors, clearly Suicide is not just a military problem; it is a significant nationwide problem in the civilian population. The data proves the level of experience of local clergy has accumulated in helping people to see beyond their present state of hopelessness to envision a brighter future. The data also shows the pastoral care resources which exist in local churches that can help service members and veterans struggling with thoughts of suicide. It is the hope of this research to begin allowing a change in suicide prevention policy to enable the utilization of civilian pastoral care resources which can provide the same life-affirming functions during non-drill times as their military chaplain counterparts perform during drill weekends. Local pastors, with suicide prevention counseling experience, can serve as referral conduits for people at risk (both civilian and military) to seek help from mental health providers.

The next two questions are of a self-assessment nature focused on specific aspects of academic coursework in the field of counseling and suicide prevention. The responses to these questions are based on a Likert scale. The responses have five possible answers including strongly agree, agree, neutral, disagree and strongly disagree.

Question 4 asked the clergy members if “Seminary adequately prepared me for pastoral counseling?” The purpose of this question was for local clergy members to provide an assessment of their seminary training in the area of pastoral counseling

In the responses from local pastors, there seems to be a deficiency in formal training to develop their pastoral counseling skills. Out of the sixteen possible respondents, only five of them or 31.25% gave a positive assessment of their pastoral counseling training while none of the local pastors gave themselves a strongly agree assessment. The importance of this self-assessment cannot be overstated. Remember, the first question to local pastors asked about their time in ministry when over 81% responded they have served in ministry for eight years or more.

This overwhelmingly negative self-assessment of their lack of pastoral counseling learning opportunities during their seminary training (78%) means most of these local pastors had to learn how to counsel people via on the job ministry training. The data seems to indicate a need to place more emphasis on developing pastoral counseling skills through formal coursework to equip future pastors. While increased focus on pastoral counseling skills will be beneficial to future pastors, with the rise of suicide rates occurring in our present environment, perhaps a new paradigm of on-going collaborative training with experienced local pastors, military chaplains or the Veterans Administration can help to meet the needs of people in crisis situations.

Question 5 inquires about the coursework taken in the field of suicide prevention and identification by asking, “Seminary training adequately prepared me in suicide identification / prevention skills?” The purpose of the question was to have an assessment of their formal seminary training in identifying and counseling people with possible suicide ideation behaviors. There is a wide variety of training and education in pastoral counseling in general for local clergy and pastors, this question sought to find out the level of comfort local pastors have in the specific area of suicide prevention counseling.

Unfortunately, the data gathered from the responses showed an overwhelming need for additional training of local clergy in the area of suicide prevention counseling. Out of the sixteen possible responses, only three local pastors or 18.75% gave a positive self-assessment of agree while none of the pastors gave a strongly agree response. The remaining thirteen pastors gave either a neutral or a negative self-assessment response of disagree. The 81.25% negative self-assessment was one of the highest of the survey.

The response illustrates the perception of inadequacy of seminary training in this important area from experienced local pastors. More surprising than any other data point is the nearly 63% of local pastors who answered with disagree in their response. As a reminder, the primary goal of a community based suicide prevention program for service members and veterans is to establish a cadre of trained and experienced local pastors to provide care for people at risk of harming themselves. Clearly, the data shows local clergy members and pastors felt their formal education was inadequate. In order to create a viable community based suicide prevention model utilizing local clergy, specific training opportunities may need to be provided to local pastors.

The next two questions were focused on the specific area of counseling veterans and/or current military personnel with Post-Traumatic Stress Disorder (PTSD). The responses to these questions are based on a Likert scale. The first question was designed to identify as an indicator of the level of counseling experience of local pastors providing this type of intervention. The second question was designed to assess the self-assessment of preparedness of local pastors in this area.

Question 6 asked, “Have you counseled Veterans and/or Military Personnel suffering with Post-Traumatic Stress Disorder (PTSD)?”

The purpose of the question was to ascertain the level of experience local pastors have with providing pastoral counseling to this segment of the population. The desired outcome was to show significant counseling interactions between veterans and/or military personnel and local pastors. The responses from the sixteen local pastors shows a mixed level of experience providing this type of counseling intervention with veterans and/or military personnel with PTSD symptoms. Seven of the sixteen respondents (43%) answered they provided this type of intervention to this population frequently or occasionally while the remaining nine pastors responded they seldom or never engaged veterans and military personnel with PTSD symptoms in a counseling environment.

As was mentioned in the last chapter, one of the possible negative reactions of initiating a community based suicide prevention model which utilizes local pastors as key caregivers is a perceived lack of experience of local pastors to serve as an extended network of gatekeepers to mental health providers employed or contracted by the Department of Defense. This data showed a possible deficiency in experience of local pastoral care resources to provide assistance at this time. A collaborative training effort between the Department of Veterans Affairs and local pastors could be designed to develop this valuable resource into a viable network of compassionate counseling professionals who are available and stand ready to provide assistance.

Question 7 seeks to obtain a self-assessment of local pastors in providing counseling to veterans and military personnel at risk by asking, “Do you feel you are adequately prepared to counsel veterans and/or military personnel with PTSD symptoms?”

In the area of pastoral care, local clergy frequently provide spiritual care to individuals and families who go through traumatic events in their lives from sickness to death. The purpose of the question was to determine the level of comfort local pastors have in providing this type of counseling interaction.

The responses submitted by the sixteen civilian pastors demonstrate a lack of belief in their ability to provide this important support to veterans and military personnel. Out of the sixteen responses, only three of them answered they agree with or strongly agreed they were adequately prepared. Five of the pastors stated they had a neutral self-assessment while eight of them answered they disagreed or strongly disagreed with the question. In clearer terms, fifty percent of these local pastors do not feel they have adequate training in this type of counseling intervention.

In previous questions, local clergy members overwhelmingly responded their seminary education was less than adequate in helping to prepare these ministers in suicide prevention skills. In order to build an experienced and effective cadre of civilian pastors to counsel this unique at-risk population, training opportunities in PTSD identification and counseling should be designed and implemented. While there are specific traumas which occur in the armed forces, the hope is that a local pastor in a counseling role can use biblical teaching and intervention techniques, to help these individuals move from hopelessness to hopefulness.

Question 8 seeks to know the interest of local pastors to be involved in this type of counseling by asking, “Indicate your interest in participating in a community based suicide prevention program focused on veterans and/or military personnel?”

The purpose of the question was to ascertain the level of interest of local pastors to be involved in a project of this type. It is one thing to expect local pastors to care for people in their community; however, the question was designed to demonstrate a specific level of interest from local clergy in providing this needed spiritual care to veterans and military personnel. The possible responses were based on a Likert scale ranging including Strong Interest, Moderate Interest, Limited Interest and No Interest.

Simply put, if there is limited or no interest in this type of community based project, then the formation of a comprehensive suicide prevention program is not realistic.

The desired outcome was to demonstrate an expressed interest (strong or moderate) from local pastors to participate in this type of community based program. Out of the sixteen local clergy who responded to the question, nine of them designated either a strong (five) or moderate (four) interest in participating in this type of community based program. Of the remaining seven local clergy, only one person stated no interest while the other six answered with a limited interest response.

The response to the eight questions of the civilian clergy questionnaire provides a unique insight to the experience level and counseling readiness of local pastors. While the responses offers a mixed result in areas such as their assessment of their readiness in suicide prevention counseling and the training these pastors received in seminary, the bright spot of the responses is the level of interest in participating in a community based suicide prevention program. It is the hope of this research to establish a program consisting of an engaged cadre of local pastors, working together with a correctly utilized corps of military chaplains, which can be the nucleus of a new paradigm of care for soldiers, sailors, airmen, veterans and their families.

CONCLUSION

This research document has explored the possibility of creating a community-based program staffed by local pastors to assist military chaplains in their role as gatekeepers in the suicide prevention programs currently in place throughout the service branches of the Department of Defense. This research topic is of vital importance to me because of my former ministry assignment as an Army Chaplain. The numbers of suicides within the ranks of military personnel are a very important public health concern as well as the dramatic rise in the suicide rate of the general civilian population.

Chapter 1

In review, chapter 1 sought to paint a picture of the necessity for the research by explaining the policy decisions of the Department of the Army which attempted several strategies to effectively reduce the number of service member suicides over the course of a decade. For the most part, the annual mandatory training on suicide prevention is seen by most soldiers as a box to be checked. Chaplains, in this less than conducive group training structure, are usually relegated to facilitators of the discussion, or worse off, perhaps not present in the training at all. In the best case scenario, as part of the suicide prevention program developed by the Department of the Army, the Army Suicide Prevention Program (ASPP) utilizes Chaplains as unit leaders to help screen personnel through individual counseling sessions that is requested by the service member. The problem that is an unfortunate consequence of the current suicide prevent policy is the limited exposure of spiritual care for National Guard soldiers.

Simply put, the limitation of training that is available to National Guard personnel is connected to the nature of their one weekend a month duty status. It is the hypothesis of this research to build a neighborhood structure of spiritual care to prevent unnecessary suicides of military personnel.

Chapter 1 discussed three concerns with the implementation of the current suicide prevention program – treatment methodology, limited amount of training time, and the cumulative impact of multiple deployments on the well-being of service members and veterans. The first concern dealt with the systematic dependence on using pharmaceutical interventions and psychological theory as a one size fits all fit for people who may be at risk of having suicidal ideations. The current policy which places its focus on psychological and medical solutions has proven itself to be inadequate for the objective it seeks to complete. While there is a need for interventions and therapy that uses psychological and/or medical tools to prevent military personnel from taking their own lives, the absence of the healing and recovery of the heart and soul is a critical flaw that should be rectified.

The second concern dealt with the limited amount of time National Guard soldiers are available for suicide prevention training and or screening / counseling from the battalion Chaplain. National Guard units meet one weekend per month. During this time, the command staff has a number of training objectives to fulfill that needs to be completed. Sandwiched in this compressed window of time are also required annual trainings including suicide prevention. With no time scheduled for individualized follow-up between chaplains and service members during drill weekends, most of this life saving training is not retained by service members in their time of crisis.

The third concern is the rate of deployment of National Guard personnel. More MDARNG personnel have been deployed in conflict areas in the last ten years than at any time since World War II. The long term impact of these multiple deployments on these National Guard personnel are just beginning to be realized.

As the chapter revealed, the chaplain corps is often left on the sideline in the therapeutic loop, not empowered to utilize their pastoral counseling skills as part of a team effort of care. Mainly used as points of referral, chaplains are asked to identify service members who may be at risk and then asked to turn them over to mental health professionals. The continuing disconnect between mental health providers and chaplains is a failure at the highest levels of leadership in DoD. This separation between two helping professions is partly due to a lack of appreciation by therapists of the benefit a chaplain can bring to the counseling partnership.

Chapter 1 submits a possible remedy which is limited to putting together a community based network of pastoral care providers to provide counseling services to National Guard personnel and veterans. This self-imposed research limit is focused on the special population of the National Guard citizen-soldier, which has been deployed multiple times over the past decade, because of risk of suicide ideation and the lack of community resources that is available to effectively aid these service members.

Chapter 1 continues with a discussion of the theoretical basis of the research topic including historical / government data on suicides, findings from studies dealing with PTSD and other psychological issues such as clinical depression, the sociological impact of community based networks to act as a system of support, and of course, theological truths on the necessity of counseling by the Holy Spirit which is revealed in God's Word.

In this last crucial piece of the puzzle, The Bible explains the relationship between theology and the research focus in the Book of Proverbs. Proverbs 20:5 reads, “The purposes of a person’s heart are deep waters, but one who has insight draws them out.”⁸⁵ The connection to the topic is that Scripture acknowledges the need for counseling and considers it to be helpful.

The last sections of Chapter 1 are divided into synopsis of chapters 2 through 4, a review of the literature and a presentation of Scriptures which are related to the topic of counseling. More than 20 articles were presented with a brief description of the content and how they articles connect to the research focus. Sixteen Scripture references are listed at the end of chapter 1. These Scriptures provide a biblical foundation for the necessity of pastoral counseling in the hearts and lives of our men and women in uniform.

Chapter 2

Chapter 2 began to explore the research topic of the thesis project. Army National Guard Chaplains are responsible for providing training and implementation of the Army Suicide Prevention Program (ASPP) at the Battalion and Brigade command levels. Even though there are regularly scheduled group training on identifying the symptoms of possible suicides, the training only occurs once per year and was not followed up with additional meetings with Chaplains and/or chaplain assistants.

The deployment frequency of National Guard soldiers over the past decade, and the possible connection to suicidal behavior (and what can be done to prevent it), is the reason for this thesis project. The post-deployment screenings are inadequate at best.

⁸⁵ Prov 20:5.

During post-deployment activities, only two psychological screenings are performed at 3 months and 6 months. While active duty bases may have the resources to deal with soldiers who may be at risk, National Guard airmen and soldiers may not have the access to that care in time to prevent a tragedy. This type of data concerning the connection between multiple deployments of National Guard members and suicide data will not be seen for years to come. The utilization of community based pastoral counseling resources in a vital, integral role of a suicide prevention program is a change in paradigm in care for members of the Armed Forces.

Currently, instead of a holistic view of mending the entirety of the person through a team approach including chaplains, the care of soldiers and airmen deemed to be at risk for suicide is placed under the purview of health sciences, i.e. mental health providers (social workers, therapists and psychologists) with the aid of the mood altering and/or stabilizing medication. While there is no argument some of these techniques are very helpful in helping people cope with their struggles, the central point of this project is a simple yet profound one – the lack of significant pastoral counseling resources is a fundamental flaw of present suicide prevention programs.

The foundation for this change in the structure of DOD and VA suicide prevention programs is biblical. This writer believes a fundamental part of healing any trauma must involve the soul and God through Jesus Christ and Scripture are able to fix any problems and heal any wounds. In the article, [The Authority of Scripture in Counseling](#), Wayne Mack writes “for them, the Bible has titular (given a title and respected in name) rather than functional (actual, practical, real, respected in practice) authority. It is acknowledged to be the Word of God and therefore worthy of our respect, but when it comes to understanding and resolving many of the real issues

of life, it has limited value.”⁸⁶

Since the beginning of Iraq War in March of 2003, through May of 2007, approximately 170,000 Army National Guard members were mobilized or 47.9% of the total force.”⁸⁷

Historically, active duty personnel were primarily used in combat operations or individuals from the larger civilian population were drafted into active military service. The citizen-soldiers of the ANG/ARNG who were mobilized during the conflicts with Iraq and Afghanistan joined the National Guard for job benefits and to pay for undergraduate education.

Suicide rates of all of the service branches were presented and discussed in chapter 2. In the Air Force, according to a report on suicide prevention programs from the USAF to the Armed Services Committee in 2011, the deputy chief of staff manpower, personnel and services (Lt. General Darrell D. Jones) stated, “so far this year, 56 total force airmen and civilians have taken their own lives which equates to a suicide rate of 14 suicides per 100,000 Airmen.

This is slightly lower than the 63 Air Force suicides in the same period last year, and a rate of 15.5 suicides per 100,000 Airmen.”⁸⁸ In 1994, the suicide rate for Airmen had reached 16.4 suicides per 100,000 members. While the rate has not reverted back to pre-Gulf War numbers of 10.0 per 100,000, the current data shows an encouraging trend of an overall reduction of suicides within the Air Force.

The historical research of suicide in the Department of the Navy is relatively new beginning in 2005. In December of 2005, the Chief of Naval Operations released OPNAV Instruction 1720.4 with the subject SUICIDE PREVENTION PROGRAM.

⁸⁶ Mack, “Authority of Scripture,” 2.

⁸⁷ Department of Defense, *Deployment of Members*.

⁸⁸ Department of the Air Force, *Presentation to the Subcommittee on Military Personnel*.

The document identified and explained the program while giving guidance to command officers and Department of the Navy (DON) staff members to their specific areas of responsibilities.

The Navy's suicide prevention program, the Applied Suicide Intervention Skills Training (ASIST), was designed to allow chaplains to have a more visible role than counterparts in other branches. ASIST is a training exercise which combines interactive role playing experience, audio-visual presentation and workbook activities. The ASIST program was facilitated by certified instructors including chaplains from across the Navy. "Navy chaplains across the Europe, Africa, Southwest Asia region are now offering a special suicide prevention program to help address the concerns Navy and Marine Corps leadership have regarding one of their top priorities - suicide prevention. Along with the Navy's Life Skills/Health promotions mandatory annual suicide prevention training, region chaplains are providing service members and their dependents with the Applied Suicide Intervention Skills Training (ASIST) program."⁸⁹

While chaplains are specifically referenced as key leaders in ASIST, there is limited public knowledge on suicide rates for naval reserve personnel. The information which exists shows a sobering trend of elevated suicide rates of both active and reserve components over the last two years. The following data on Navy suicide rates can be found at the Navy Personnel Command:

⁸⁹ Rockwell-Pate, "Chaplains Offer."

Navy Suicide Data

Active Component		
Calendar Year	Total	Rate
2006	32	9.1
2007	37	10.9
2008	38	11.5
2009	44	13.3
2010	38	11.6
2011	52	15.9
2012	58	18.1
2013	41	12.7
2014	54	16.3
2015	43	13.2 (preliminary)

Note: For comparison, the most recently available demographically adjusted civilian rate from 2014 is 25.6 per 100,000. This rate is adjusted for males aged 17-60.

Reserve Component	
Calendar Year	Total
2006	13
2007	6
2008	10
2009	8
2010	5
2011	7
2012	8
2013	5
2014	15
2015	14

*Note: Per Department of Defense requirements, reserve component statistics include all reserve component Sailors regardless of duty status. This number does not include individual ready reserve (IRR) Sailors.*⁹⁰

More information is needed to ascertain whether ASIST is effective in reducing the suicide rate of NAVY personnel. However, suicide prevention programs in the Navy have made positive steps in creating an environment where chaplains are part of the therapeutic process.

⁹⁰ Navy Personnel Command, "Tips for Discussing Data and Statistics," accessed August 12, 2016, http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/Statistics.aspx.

Like their Air Force counterparts, Navy chaplains have had to work their way into meaningful roles in helping to save the lives of our brave men and women serving our country. The change in the use of the Army National Guard is a developing paradigm that is necessitating a partnership between the Department of Defense, the Veterans Administration, veteran service organizations (American Legion, VFW, AMVETS) and local organizations to provide adequate care. Four years into the twelve year extended deployment cycle, data was being received which indicated a rise in the suicide rate of Army personnel. Kristin Ellis' piece in Soldiers Magazine discusses the topic by stating,

“The Army’s rate continues to be far below the national adjusted rate of 19.9 suicides per 100,000 people. In fact, the 2005 suicide rate for the Army was 13.0 deaths per 100,000 Soldiers, according to the ASPP.”⁹¹ ASPP is the acronym for Army Suicide Prevention Program which was initiated and developed in 2001 from direction of the Army Chief of Staff. The Ellis story identifies two pressing concerns regarding suicide; its impact on the Army and its emergence as a public health crisis in the general population in the United States. The thesis topic necessitates most of the focus of this paper to be centered on the suicide prevention programs of the branches of the Armed Forces. However, the members of the Air and Army National Guard are citizen-soldiers who do not have the same access to branch specific suicide prevention programs once they leave active service.

One of the concerns within the leadership cadre of the Army is the loss of human connection which occurs after a soldier has come home from deployment. For twelve to eighteen months, soldiers have been part of tight knit unit who depended on each other not only for survival, but also to keep themselves accountable to each other.

⁹¹ Ellis, “Preventing Soldier Suicide,” 42.

Perhaps a cause for a number of suicides can be traced to the absence of human connectedness from someone who has walked a mile in their boots. For National Guard soldiers, who after re-integration find themselves separated from these important relationships, the limited scope of once a month drill weekends may be one of the possible causal factors for suicidal behavior. Veterans and re-integrated National Guard soldiers who have lost their everyday connection to comrades in arms continue to be at risk. Emile Durkheim's research on egoistic suicide and social integration provides a valuable perspective in how an individual may feel hopeless outside of their preferred social context.

In the general population, egoistic suicide in the time of war can be explained by the following example, "He (Durkheim) also found links between egoistic suicide and the extent of integration into the political context. For example, the suicide rate declined during war time because the society pulled together and thus became more integrated and dense as its members focused on winning the war. In contrast, suicides increased when a war ended and society became more individualistic and disintegrated."⁹²

The role of the local church can help to fill the resource gap which currently exists between drilling periods. An article in Christianity Today addresses the issue of suicide and the assistance local clergy can provide to mental health professionals by stating, "Pastors, family, and friends may not realize how easily counselors can be overwhelmed when dealing with a person contemplating suicide. The church is important, and even when the pastors refer a suicidal person elsewhere, the person will often come back to church."⁹³ Local churches, and clergy members who have been trained in suicide prevention, can serve as valuable partners in keeping our service members safe in their civilian lives.

⁹² Mottram and VandeCreek, "Understanding Suicide," 6.

⁹³ Stone-Palmquist, "Suicide: A Preventable Tragedy?" 74-76.

Ten years, and several policy changes later, chaplains in our armed forces are still being asked to serve as gatekeepers for ASPP and ASIST programs with limited training in suicide prevention skills. As gatekeepers, Army chaplains are primarily tasked to do initial training and refer soldiers at risk for suicide to mental health providers. In a 2015 RAND Corporation white paper of Army chaplains and their role in the suicide prevention program, the results showed a continuing trend of the Army not quite knowing how to utilize the resources of the chaplain corps.

One of the purposes for creating a new team approach to suicide prevention was the uneasiness of chaplains to refer soldiers to mental health providers. However, this reluctance or uneasiness is only part of the issues of distrust between chaplains and mental health providers, another factor is a lack of training for chaplains to be confident in their ability to refer soldiers and effectively fulfill their duty.

The RAND Corporation white paper addresses the training issue by stating, “Less than half of chaplains reported ever being trained to provide behavioral health treatment for people with suicidal thoughts, which is expected given the limits of their training. Although past research suggests that pastoral counselors are not qualified to serve as mental health providers in assisting or counseling someone with suicidal thoughts (Mason et al., 2011), chaplains are likely to encounter such individuals and should be trained to provide acute care for suicidal service members.”⁹⁴ The survey received responses for over 800 Army chaplains and over 400 chaplain assistants. While not close to the entirety of the chaplain corps, the survey provides an informative view of how chaplains feel about their referral role in ASPP. Similar issues were regarding the lack of training were expressed by local National Guard chaplains.

⁹⁴ Ramchand, Ayer, Geyer and Kofner, “Army Chaplains’ Perceptions,” 44.

Published in March of 2015, the RAND Corporation is the latest academic research completed on the subject of the role of chaplains and suicide prevention programs. It is clear there is a disconnect between the role the Army wants that chaplain corps to fulfill in the implementation of the suicide prevention program and the ability of chaplains to carry out those directives. The current suicide prevention program model, instead of having a joint effort to help service members in need, has placed pastoral care and behavioral health on opposite sides as competing interests.

Chapter 3

Chapter 3 dealt with the surveys and questionnaires which were used in this thesis project. Two sets of surveys were distributed to different populations that will be impacted by the proposed suicide prevention program. The primary survey was designed to be distributed to Army and Air National Guard Chaplains in the State of Maryland. The questions consisted of multiple choice answers and sought to ascertain whether Chaplains felt that the training currently being presented was effective and whether they received enough relevant information regarding suicide identification and/or counseling as part of the leadership team of first line responders.

The second set of surveys were also multiple choice questions to civilian pastors and focused on whether these clergy members felt comfortable in actively engaging as part of a community based suicide prevention program. There were a total of 30 surveys. The respondents of the surveys submitted their responses on a voluntary basis. The primary conduit of dissemination of surveys to military chaplains was the Office of the State Chaplain in Maryland who agreed to distribute the survey to the subordinate chaplains.

Prior approval of the content of the surveys were obtained through two primary organizations: the Joint Forces State Chaplain for the State of Maryland and the Institutional Review Board office at Liberty University.

The questions of the chaplain survey covered a wide range of topics to put together a baseline for experience, educational and ministerial training. The survey sought to determine how much suicide prevention training had been received by chaplains throughout their military service career. Chapter 3 offered an explanation of the purpose and desired outcome of the survey questions to explain the methodology of the research questions. All of the questions used in the chaplain survey are included in the appendix in the rear of the thesis.

The questions used in the civilian clergy survey covered a wide range of topics to put together a baseline for experience, educational and ministerial training of local pastoral care professionals. The survey sought to determine how much pastoral counseling and suicide prevention training had received by local clergy members throughout their careers. Chapter 3 defined the purpose and desired outcome of the each survey question to help explain the methodology of the research questions. All of the questions used in the civilian clergy survey are included in the appendix in the rear of the thesis.

The surveys were distributed either through electronic service (Survey Monkey) or through the Office of the State Chaplain. The researcher does not know any identifiable information on the respondents. The answers submitted by respondents to the surveys will be addressed in the review of Chapter 4.

Chapter 4 – Chaplain Survey

Chapter 4 dealt with putting together the theory behind the thesis question with the conclusions from the data received from the surveys. The focus of the chapter was to present a compelling justification for developing a workable long-term suicide prevention program for members of the Army National Guard. The eleven questions of the chaplain survey covered a wide range of topics to put together a baseline for experience, educational and ministerial training. The fifteen completed surveys sought to determine how much suicide prevention training had been received by chaplains throughout their military service career. Out of the eleven questions asked, several of them dealt with baseline issues such as ministry assignment and time served in the chaplaincy. Looking at the survey responses, there are three questions which deserve to be highlighted in this section.

Question 5 dealt with the level of experience in direct pastoral counseling between chaplains and military personnel. According to the responses to the survey, 73% of the chaplains (11 out of 15) have referred 8 or more service members to mental health professionals while the remaining 27 percent answered they had more limited experience. It is clear Chaplains have performed their role as gate-keepers admirably.

It is the thesis of this research, Chaplains could be better utilized as a preferred contact for soldiers with possible suicide ideation while utilizing their experience to have an ongoing role in the treatment regimen of service members and their families. A community based support apparatus can strengthen the relationships between the service member, chaplain and mental health provider to establish a team approach to counseling between weekend drills and/or future deployments.

Question 8 focused on a self-assessment of the current state of Chaplains to identify and counsel service members with possible suicide ideation. The goal of the question was to ascertain if there is an observable variance of training and experience in the specific skills of Chaplains in the crucial roles in identifying and assessing military personnel who may be at risk for suicide. More than any other question, the responses from the chaplains who responded presents a somber reality of the current state of readiness of chaplains within the current suicide prevention program. Eleven out of fifteen chaplains responded they disagreed or strongly disagreed they were adequately prepared in seminary with suicide identification / prevention skills. In contrast to the 73% who responded they were not adequately trained, only two chaplains (13%) felt they were adequately trained for this type of counseling in their seminary training. The key takeaway is if chaplains are uncomfortable in their current role because of inadequate education, the entire premise of their participation as gatekeepers is tragically flawed.

Question 9 sought to determine how Chaplains perceived the effectiveness of suicide prevention programs with the Department of Defense. As the key facilitator of the suicide prevention program at the local command level (company and battalion), and the member of the leadership team military personnel are most likely to confide with, the chaplain is uniquely positioned to provide crucial feedback regarding effectiveness of the suicide prevention program.

Ten out of fifteen chaplains (66%) gave a neutral or disagreed with the statement. While nearly as problematic as Question 8, the responses from this statement are troubling because it seems to indicate a lack of effectiveness of the suicide prevention program. There are literally dozens of annual trainings which are mandated by the service branches (Army, Air Force and Navy) for National Guard members to complete every year. Has the current suicide prevention program ceased to be helpful to service members?

Is it another annual training box to be checked off during weekend drill? In the last part of this chapter, the researcher will suggest several possible next steps based on the responses to the Chaplain survey.

Chapter 4 – Civilian Clergy Survey

The eight questions of the civilian clergy survey was designed to put together a baseline for experience, educational and ministerial training. The sixteen completed surveys sought to determine how much suicide prevention training had been received by local pastors throughout their career in ministry. The surveys were disseminated via Survey Monkey and the responses were anonymously received. Out of the eight questions asked, several of them dealt with baseline issues such as ministry assignment and time served in the chaplaincy. Looking at the survey responses, there are five questions which will be highlighted in this section.

Question 3 sought to find out the experience of civilian clergy in suicide prevention. Eight of the sixteen local pastors indicated they provided referral counseling services for four or more people in their communities. The remaining seven pastors who participated indicated they provided the same counseling interventions to one to three people. The response to the question demonstrates the pervasiveness of suicide in society. With the data gathered here from these local pastors, it is clear Suicide is not just a military problem; it is a significant nationwide problem in the civilian population. The data demonstrates the level of experience of local clergy has accumulated in helping people to see beyond their present state of hopelessness to envision a brighter future. The data identifies a level of pastoral care resources that exist in local churches to help service members and veterans struggling with thoughts of suicide.

The purpose of Question 4 was for local clergy members to provide an assessment of their seminary training in the area of pastoral counseling. In the responses from local pastors, there seems to be a deficiency in formal training to develop their pastoral counseling skills. Out of the sixteen possible respondents, only five of them or 31.25% gave a positive assessment of their pastoral counseling training while none of the local pastors gave themselves a strongly agree assessment. The vital nature of this assessment of the deficiency in formalized counseling training cannot be overstated.

Thirteen of the sixteen pastors (over 81%) responded they have served in ministry for eight years or more. This overwhelmingly negative assessment of their lack of pastoral counseling learning opportunities means most of these local pastors had to learn how to counsel people via on the job training in their local congregations. The data clearly indicates a need to place more emphasis on developing pastoral counseling skills through formal coursework to equip future pastors.

Question 5 was written to gather an assessment from local pastors of their formal seminary training in identifying and counseling people with possible suicide ideation behaviors. The data gathered from the responses showed an overwhelming need for additional post-graduate training of local clergy in the area of suicide prevention counseling. Out of the sixteen possible responses, only three local pastors or 18.75% gave a positive self-assessment of agree while none of the pastors gave a strongly agree response. Thirteen pastors gave either a neutral or a negative self-assessment response of disagree. The 81.25% negative self-assessment was one of the highest of the survey. The response illustrates the perception of inadequacy of seminary training in this important area from experienced local pastors. Most surprising than any other data point is the nearly 63% of local pastors who answered with disagree in their response.

The purpose of the Question 7 was to ascertain the level of comfort local pastors have in providing counseling sessions with veterans and/or military personnel with PTSD symptoms. In the area of pastoral care, local clergy frequently provide spiritual care to individuals and families who go through traumatic events in their lives from sickness to death. The responses submitted by the sixteen civilian pastors demonstrate a lack of belief in their ability to provide this important counseling ministry. Fifty percent of the local pastors did not feel they had adequate training in this type of counseling intervention. While there are unique PTSD events which occur in the armed forces, the hope is that local pastors can use biblical teaching and intervention techniques in a counseling environment, to help individuals move from hopelessness to hopefulness.

Question 8 sought to ascertain the level of interest of local pastors to be involved in a project of this type. It is expected for local pastors to care for people in their community. However, the focus of this research topic is the implementation of a new paradigm of care.

Simply put, is there enough interest from local clergy to provide this needed spiritual care to veterans and military personnel? Out of the sixteen local clergy who responded to the question, nine of them designated either a strong (five) or moderate (four) interest in participating in this type of community based program. Of the remaining seven local clergy, only one person stated no interest while the other six answered with a limited interest response. The responses to this question is by far the bright spot from the survey. The level of interest in participating in a community based suicide prevention program is overwhelmingly positive and an excellent launching pad for future ministry opportunities to military personnel and veterans.

Recommendations

I. MORE DETAILED TRAINING ON SUICIDE PREVENTION COUNSELING TECHNIQUES

Several questions, presented to military chaplains and civilian clergy members, present a somber picture of the deficiency in the training of techniques regarding counseling to prevent suicides. The data suggests specific training opportunities are needed by current military chaplains which can be provided through a variety of resources such as the National Conference of Ministry to the Armed Forces, the chaplain schools within the respective service branches, or the Joint Center for Excellence of Chaplaincy at Ft. Jackson, SC.

Current civilian clergy members can receive training either at their local Veterans Affairs hospital facility or perhaps the creation of a online course which can offer a Certificate on Suicide Prevention Training which can be offered free of charge (or at nominal cost) by Liberty University Baptist Seminary. This training is critical in order to create a viable community based suicide prevention model utilizing a cadre of experienced local pastors. Future civilian pastors and military chaplains should be taught these skills in their seminary training or training through their endorsing / ordaining body.

II. INCREASED ROLE FOR PASTORAL CARE PROFESSIONALS IN SUICIDE PREVENTION

The goal of the research topic was to introduce a new role for chaplains and civilian pastors in reducing the number of potential suicides of service members and veterans. One of the most pertinent questions going forward is to ascertain whether chaplains have the ability or the access to be included in on-going counseling plans or will they continue to be brushed off as not integral to the recovery process?

The recommendation which comes out of Question 5 of the chaplain survey is to create a new paradigm of care which includes pastoral counseling as a key participant. Over 70% of the surveyed chaplains answered they had significant experience in this type of counseling. Clearly, the Chaplains are ready for increased responsibility in this crucial area of ministry. A change in policy has to occur, directed from the upper levels of command at the Department of Defense, to encourage Chaplains to be openly welcomed as colleagues in providing counseling support for our men and women in uniform.

The continual rise of suicide rates occurring in our overall civilian population is a national crisis. One of the recommendations is to create a new paradigm of on-going collaborative training with experienced local pastors, military chaplains and the Veterans Administration will help to meet the needs of people in crisis situations. It is the hope of this research to begin allowing a change in suicide prevention policy to enable the utilization of civilian pastoral care resources which can provide the same life-affirming relationships during non-drill times as their military chaplain counterparts perform during drill weekends.

Local pastors, with suicide prevention counseling experience, can serve as gateways to healthy God-affirming relationships for people at risk (both civilian and military) as they concurrently seek help from mental health providers. The conclusion presented through the findings of the thesis project recommends the need for a suicide prevention program for National Guard personnel and overall civilian population that fully utilizes the gifts of the pastoral care professional. Soul care from a Christian pastoral perspective is as important to the soldier as any other therapeutic remedy. The historical passing off of these individuals at risk to licensed medical professionals has caused the healing power of the Holy Spirit to be left out of the equation.

It is the opinion of the author that this deficit of effective soul care by pastoral care professional has helped to cause this crisis. It is the purpose of this thesis project to enable and encourage civilian clergy and local unit chaplains to become an active participant in this important area of ministry.

Pastoral care providers are uniquely positioned in larger society to bring hope and peace to the lives of these struggling individuals. With the budget cuts that are already occurring, and will continue to occur because of the current budget crisis (sequestration), local pastoral care providers will be needed to work in a collaborative effort to help counsel people at risk.

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Civilian Clergy - Suicide Prevention Programs

Current State of Pastoral Care Resources to Lessen Suicides with Civilian or Military Personnel

CONSENT FORM

Current State of Pastoral Care Resources to Lessen Suicides in Civilian Congregations
and/or Military Personnel

Antonio Wade

Campbell

Liberty

University

Liberty Baptist Theological Seminary

You are invited to be in a research study of ascertaining the current involvement in civilian ministry in suicide prevention activities within military populations. You were selected as a participant because of your ministry experience and possible involvement in pastoral counseling in the area of suicide prevention. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Antonio Wade Campbell, a doctoral candidate in the Seminary at Liberty University is conducting this study.

Background Information:

The purpose of this research is to study how can pastoral care resources can be best utilized in suicide prevention of National Guard personnel. In the last decade, there has been a historic increase in suicide of military personnel. The Department of Defense issued new policy directives and programs to address this serious issue. Despite best efforts by command staff and mental health professionals, suicide of service members is still a major concern. This study will gauge the self- perceived role of civilian clergy in suicide prevention in both civilian congregations and/or military populations.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

Read the consent information below. Read, answer and submit the survey. The estimated time to complete the survey is less than 15 minutes.

Risks and Benefits of being in the Study:

The study has minimal risks which are no more than the participant would encounter in everyday life.

There are no direct benefits to participants. The benefit to society at large will hopefully be a better use of pastoral care resources to reduce the amount of suicides of service members

Compensation:

You will receive no payment or other compensation from your participation in this survey

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely for a period of three years in a locked file and only the researcher will have access to the records.

Voluntary Nature of the Study:

Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Antonio Wade Campbell. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at (410) 963-5055. The contact information for the faculty adviser is Dr. William England, (901) 592-9059, e-mail address – waengland@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at irb@liberty.edu

1. How long have you served as a minister / pastor (years)?

1-3

4 - 7

8 - 12

13 - 17

18 - 22

23 or more

2. How many pastoral counseling courses did you receive in seminary training?

1 - 3 courses

4 - 6 courses

7 or more

3. How many people have you personally counseled who you referred to mental health professionals because of possible suicide ideation?

- 1-3
- 4-7
- 8-10
- 11 or more

4. Seminary adequately prepared me for pastoral counseling?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly
Disagree				

5. Seminary training adequately prepared me in suicide identification / prevention skills?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly Agree	Agree	Neutral	Disagree	Strongly
Disagree				

6. Have you counseled Veterans and/or Military Personnel suffering with Post-Traumatic Stress Disorder (PTSD)?

Frequently

Occasionally

Seldom

Never

7. Do you feel you are adequately prepared to counsel a veterans and/or military personnel with PTSD symptoms?

Strongly Agree

Agree

Neutral

Disagree

Strongly

Disagree

8. Indicate your interest in participating in a community based suicide prevention program focused on veterans and/or military personnel?

Strong Interest

Moderate Interest

Limited Interest

- 1) How long have you served as a Chaplain (years)? 1-3 / 4 -7 / 8 – 12 / 13 – 17 / 18 – 22 / 23 or more years
- 2) What is your current ministry assignment? BN / BDE
- 3) How many deployments have you or your unit participated in since 9/11? 1-2 / 3-4 / 5 or more deployments
- 4) How much pastoral counseling training did you receive in seminary training? 1-3 courses / 4 – 6 courses / 7 or more courses
- 5) How many soldiers have you personally counseled who you referred to mental health professionals because of possible suicide ideation? 1 – 3 / 4 – 7 / 8 – 10 / 11 or over

Answer the next section based on a Likert scale. Place an X in the appropriate box from Strongly Agree to Strongly Disagree

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Seminary adequately prepared me for pastoral counseling?					
7. Seminary adequately prepared me for grief/crisis counseling?					
8. Seminary training prepared me in suicide identification/prevention skills?					

9. The Army National Guard Suicide Prevention Training meets the needs of soldiers					
10. The training of Chaplains in suicide prevention meets the needs of Chaplains for effective ministry					
11. Chaplains are being effectively utilized in the Army's Suicide Prevention program					

February 25, 2015

Antonio Wade Campbell

IRB Exemption 2095.022515: Strategies to Utilize Pastoral Care Resources to Lessen Incidents in the National Guard

Dear Antonio,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

1. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
 - information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

Fernando Garzon,
Psy.D. **Professor, IRB
Chair** Counseling

(434) 592-4054

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