

**Building Resilient  
Communities:**

**Pastoral Engagement and Suicide Prevention**

Rev. John P. Oliver, D.Min, Director & ACPECE  
Chaplain Services & Education – Duke University Hospital

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**Objectives**

- **Explore and Discuss:**
  - Resilient Communities
  - Positive effects of faith community involvement
  - Clergy as de facto mental health providers

**Next Steps for your Community:**

- Training of Clergy (Rural Clergy Training Program – review & content)
- Referrals
- Building Clergy-Friendly Referral Networks

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**What is Resilience?**

- Resilience is the capacity of a system to absorb disturbance and still retain its basic structure and function. (Hugh Deeming)

**In the context of exposure to significant adversity, resilience is:**

- The capacity of to navigate ones way to the psychological, social, cultural, and physical resources that sustain their well-being, and
- The capacity, individually and collectively, to negotiate for these resources to be provided in culturally meaningful ways. (Michael Ungar)

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## Resilience is . . .

### Resilience is:

- A quality of the environment as much as the individual.
- Is not a fixed individual disposition, family trait, personal attribute or community phenomenon.
- Should be about seeking to "change the odds" rather than "beat the odds".

(Karen Secombe)

### We can "change the odds" by . . .

- Imagining resilience as a variable quality.
- Offering repeated positive interactions (presence).
- Interacting with others to highlight favorable features of a person's life.

(Rozzie Gilligan)

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## Faith communities promote resilience by:

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| Reducing social isolation                        | Lowering distress   |
| Increasing coping capacity                       | Increasing sense of gratitude                             |
| Slowing disease progression                      | Exploring forgiveness                                     |
| Increasing healthy behaviors                     | Encouraging altruism                                      |
| Offering a reframing or meaning-making of events | Reframing theological paradigms (Loving vs. Vengeful God) |

(Hwang, Brown, Pargament, Lerner et al.)

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## Spirituality & Religion matter

- In times of trauma and distress, many turn to God and their clergy for understanding.
- Psychological trauma challenges people to re-think and re-imagine their sense of order, continuity and meaning.
- Religious faith is a primary (positive) coping strategy for many suffering from psychological trauma.
- One half to three-quarters of PTSD sufferers indicate that their faith helps them cope.

(Worawit, Koenig & Ockberg, 1996 & Weaver et al., 2003)

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### Injured Seek Clergy Counsel <sup>(1)</sup>

- **4 of 10** Americans reported having requested counsel from a member of the clergy (40%). For those who attend religious services once a week number rose to 53%
- When study asked about seeking help in "crisis" individuals reported they were **five times more likely** to seek the aid of a clergyperson than of all other mental health professionals (psychiatrists, psychologists, social workers, and marriage and family therapists) combined.

(Veroff, Kouza and Douvan, 1981)

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### Yale Study of 214 Clergy

Study of 214 Catholic, Protestant and Jewish clergy found:

- 85 % of clergy indicated they had counseled dangerous or suicidal persons.
- "Most" clergy did some crisis intervention counseling.

Conclusion of this study:

- "Parish-based clergy, especially the black clergy, function as a major mental health resource to communities with limited access to professional mental health services."

(Mollica et al., 1986)

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### Injured Seek Clergy Counsel <sup>(2)</sup>

One-fourth (25%) of individuals who seek help for a mental health problem do so from clergy.

This is significantly higher than the percentage of those seeking help from:

- psychiatrists (16.7%) or
- primary care doctors (16.7%)

2003)

(Wang, et al.,

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### Clergy take a significant lead in:

Offering social support to community &  
Supporting a faith that can facilitate faster and more effective emotional recovery.

(Pargament 1997)

David Larson Study of 18,495 adults concluded that:

“the clergy are coping, with or without the assistance of mental health professionals, with parishioners who have a broad spectrum of psychiatric disorders”

(Larson, 1988)

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### Injured Seek Clergy Counsel <sup>(3)</sup>

- Many feel more comfortable approaching their pastor than they do a mental health professional.

Positive Reasons...	Negative reasons...
Cultural and contextual knowledge,	Magical thinking
Ease of engagement	Avoiding truth of diagnosis, etc.

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### Clergy Training

- FY 2011 through 2014 grants from the VHA's Office of Rural Health (ORH) offered training entitled *"Educating Rural Clergy to Recognize & Respond to Veterans' Healthcare Needs."*
- 2011 - Nationwide - Alabama, Texas, North Dakota and Oklahoma (pilot)
- 2012 - Mid-Atlantic & South - North Carolina, Virginia, West Virginia, Tennessee & Kentucky
- 2013 - Central USA - Missouri, Arkansas, Minnesota, Oklahoma
- 2014 - Western USA - Arizona, Nevada, Washington

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### Responses to Clergy Training Events

- QI Research included: Day-of pre-event and post-event surveys as well as 6 month and 1 year follow-up evaluations to obtain feedback from training participants.
- One-year follow-up evaluations indicated the following statistically significant differences.
  - A large increase in referrals to the VA.
  - A very large increase in referrals to community mental health, and
  - A large increase in clergy participation in community ministries for Veterans.
- 83 percent of evaluation respondents reported they used Rural Clergy Training Program resource materials from the workshop in the year following training, and
- 67 percent of participants reported they had actively worked to reduce stigma related to military personnel and mental health in their community.

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### Clergy Training - Content

- Basic awareness of Mental Illness and its presentations:
  - Review of diagnoses / common presentation / common sequela & comorbidities.
  - Review effects of MI on family and communities.
  - Potential pastoral responses to individuals and their families.
  - Exploration of various resources available for individuals and their families.
- Herman's Stages of Recovery:
  - Stage 1 - Safety
  - Stage 2 - Remembrance and Mourning
  - Stage 3 - Reconnection

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### Death by Suicide - Post-mortem

A careful review of three Veterans who had died by suicide.

**Common Themes:**

- No community of choice
- No planned events
- Nothing holding them to present
- No place to "belong"
- Limited capacity for long-term friendships

Resulted in invitation to be part of Suicide Prevention Teams

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### Suicide Care Engagement (1)

• In consultation with the Suicide Prevention team, Chaplains focus on:

- Moving into dialogue about, normalizing, and honoring the pain rather than attempting to fix them or convince them of a way out.
- Getting to know the part of the person that is in pain.
- Stepping non-anxiously and directly into the patient's angst.

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### Suicide Care Engagement (2)

• In consultation with the Suicide Prevention team, Chaplains focus on:

- Listening to, honoring and reflecting back the lament and mourning – respecting the sacred spaces without trying to "fix" them.
- Listening for spiritual and religious struggles, broken relationships and spiritual disconnections or "gaps". Seek to honor what "is" in their spiritual journey.
- Talking to the part of them that wants to die.

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**Training Chaplains for suicide care includes (1)**

- **Asking clear questions:** "Are you thinking of killing yourself?"
- **Normalizing suicidal ideation:** "When was the last time you thought about killing yourself?" or
  - "Life seems so hard for you right now, I wonder if you ever think about killing yourself." or
  - "You've suffered so much I wonder what keeps you from killing yourself."
- **Overestimating Suicidal Ideation:** In the last two weeks, how many times did you think of killing yourself? 20 or 30 times?

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**Training Chaplains for suicide care includes (2)**

- **Sitting with them in their lament:** Asking about feelings associated with recent suicide attempts as a way to process their lament and grief.
- **Asking about suicide plan and means:** If you could kill yourself, how would you do it?" and "Do you have access?"
- **Including the team:** Charting a spiritual assessment, intervention and plan. Remaining engaged with multidisciplinary care team.
- **Providing grief care to the bereaved after a death due to suicide:** Calling family, attend/provide memorial services. Honoring loved ones' deep hurt and anger.

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**And Finally: An invitation**

**Train your local faith leaders  
exactly how to refer.**

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**Because . . .**

- Clergy referrals can validate, even de-stigmatize the use of mental health services.
- Clergy can bring people in need to those of you who know how to best to assist them.

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**Establish Referral Structures**

- Intra-congregation referral resources:
  - Build an internal congregational referral system.
- Inter-area referral resources:
  - Encourage professionals of multiple fields to establish a referral web for clergy in the local area.

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**Notes to Clergy Regarding Referrals**

- **Know your limits:**
  - Time
  - Professional capacity
  - Role as Pastor/Chaplain creates some limitations
- **Rules for referral:**
  - Refer early and often
  - Provide initial pastoral care at first . . . then
  - Assist with referral calls with and for them.

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### Standardize Clergy Referrals

Meet with clergy and train them to:

- Assess if their congregant is in an active crisis - if so, call 911.
- If not train clergy to discuss their desire to seek support.

Meet with clergy and offer specific referral information . . .

- Whom should the clergy member call (*insert name & number*).
- How do they leave a message?
- What can they expect after a referral?

Meet with clergy and orient them to your system, confidentiality policies, etc.

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### Referral Process Handout

#### Referral Process for Clergy

Emergency requiring immediate response (24/7): [911](#)

Suicide Crisis Hotline (24/7): [1-800-273-8255](#)

Referral for MH Services (8:00 – 4:00 PM weekdays):

Local Provider Name: phone number + extension

Note: When you speak to a team member or leave a message, please identify yourself as a member of the clergy.

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### Questions?

John Oliver  
[John.Oliver@Duke.edu](mailto:John.Oliver@Duke.edu)  
(919) 684-3586

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