NAJC Survey of Jewish Chaplains Caring for Veterans: A Story of Collaboration and Discovery  1/20/16

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Disclaimer

The views expressed in this presentation are those of the author and do not necessarily reflect the official position or policy of the US Department of Veterans Affairs or Federal Government.
Objectives

• To increase awareness related to issues of care for veterans
• To identify opportunities for scientific collaboration
  – How chaplains can help researchers
  – How researchers can help chaplains
• To inform chaplaincy practice based on research findings
NAJC Survey of Jewish Chaplains Caring for Veterans

BACKGROUND
Why are we here?

• Returning veterans face crucial challenges following deployment.
• We are more able to respond to their diverse physical, psychological and social concerns
• YET our understanding of the spiritual struggle remains in its infancy.

Kopacz & Connery (2015)
• Attempts at meaning making are well documented in veteran populations, especially following wartime trauma.
• Where old meanings fail to provide comfort and solace, they are left to look for new explanations, values, and beliefs.
“What protrudes and does not fit in our past rises to haunt us and makes us spiritually unwell in the present.”

Jesse Glenn Gray

WWII combat veteran
Did You Know?

- In US 42% veterans enrolled in the VA health care system
- FY2014 data:
  - Total Veteran population: 21,619,731 = 7.3% general pop.
  - VA-enrolled Veterans: 9,111,955
  - Veterans using VA health care during the year: 5,908,042
  - 58% of America’s veterans not VA-enrolled
  - 73% of VA-enrolled veterans got health care outside VA
  - Jewish veterans 0.32% of the armed services.

Defense Manpower Data Center (2009); Bagalman (2014)
Suicidal behavior in Veteran populations

• Suicidal behavior among Veteran, a public health challenge
• ~ 18-22 Veterans die by suicide each day
• Current military and veterans ~ 18% of all suicides
• Veterans at increased risk of death by suicide relative to the general population
Suicidal behavior in Veteran populations

- Veterans with a history of suicide ideation report being in worse spiritual health relative to veterans without a history of ideation.
- Moral injury suggested as a mediating factor in suicide risk among some veterans.

Centers for Disease Control and Prevention (2014); Kemp & Bossarte (2013); Kang et al. (2015); Kopacz (2014).
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WHY THIS STUDY?

WHY CHAPLAINS?
VA/DOD Focus on Chaplains

- VA / DoD Integrated Mental Health Strategy
  - Strategic action #23: Include input and expertise from DoD Chaplains in defining the role of VA Chaplain Services and community clergy in mental health care at VA medical centers and clinics.

- Executive actions by President Obama on August 26, 2014
  - “VA and DoD are expanding their suicide prevention and mental health training for healthcare providers, chaplains, and employees who work directly with veterans.”
VA/DOD Focus on Chaplains

- Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces (2010)
  - Chaplains identified as a valuable source of support for service members who may be at risk of suicide

White House (2014); DoD and VA Fact Sheet (2014)
Chaplains in Veteran health care

- 2012 National Strategy for Suicide Prevention
  - “Many factors can help prevent suicide by promoting physical, mental, emotional, and spiritual wellness.”
  - As part of a comprehensive approach to suicide prevention, “a person who is struggling with depression and thoughts of suicide is given the services and support he or she needs to recover from these challenges and regain a sense of complete physical, mental, emotional, and spiritual health and well-being.”
Chaplains in Veteran health care

- Chaplains part of comprehensive services at all VA medical centers.
  - Up to 10% of VA chaplaincy service users at increased risk of suicide.
  - ~33% of all Veterans who survive a suicide attempt see a chaplain at least once.
  - Chaplains are the predominant service provider for a diagnosis of “other psychological or physical stress, not elsewhere classified.” (ICD-9-CM code V62.89)

Kopacz, McCarten, & Pollitt (2014); Kopacz, et al. (in press)
Other psychological or physical stress, not elsewhere classified (V62.89)

- **ICD-9-CM** diagnosis encompassing 4 chief complaints: borderline intellectual functioning, life circumstance problems, phase of life problems, and religious or spiritual problems.

- The first time “religious or spiritual problems” were formally recognized as a focus of clinical concern.

- **ICD-10-CM** diagnosis Z71.81 covers “spiritual or religious counseling.”
Other psychological or physical stress, not elsewhere classified (V62.89)

• Between April 2010 and September 2012 there were 22,701 suicide attempt case reports.
• $n=2,173$ (9.6%) veterans were found to have received services related to V62.89 in the 30-days following their attempt.
• Chaplains were the most frequent service providers for encounters with V62.89 ($n=1,745$, 80.3%).
NAJC Survey of Jewish Chaplains Caring for Veterans

A COMPARATIVE AMERICAN, ISRAELI AND CANADIAN STUDY OF JEWISH CHAPLAINS WHO SUPPORT VETERAN POPULATIONS
Methodology

• **Why:**

To better understand
  – the problems voiced by Veterans
  – the services provided by chaplains
  – chaplains' engagement with suicidality among service users.

In order to:
  – inform the delivery of chaplaincy services
  – equip Jewish chaplains to better meet the needs of veterans.
Methodology

• **Who:** NAJC members-chaplains professionally active in the US, Canada, and Israel.

• **What:** Anonymous on-line survey to examine experiences of Jewish chaplains who support Veterans in the US, Israel, and Canada. (1) Demographic questions, (2) Services to all veterans, (3) Services to those at suicidal risk.

• **When:** Mid-2015, survey open to completion for 4 weeks.

• **Where:** Survey Monkey

• **How:** Email invitation via NAJC listserv with description of the survey and link to Survey Monkey.
What’s an IRB?

- IRB approval is a routine institutional requirement for conducting research.
- IRB = Institutional Review Board... aka independent ethics committees, ethical review boards, or research ethics boards.
- Approves, monitors, and reviews biomedical and behavioral research.
- Ensures research activity involving human subjects is conducted in accordance with accepted empirical norms, standards, laws, and regulations.
Results

- US: n=70 (of 365, 19.2% response rate)
- Canada: n=3 (of 6, 50.0% response rate)
- Israel: n=6 (of 39, 15.4% response rate)
- Overall response rate = 19.27%
- Average response rate for online surveys = 13.35% (Hamilton, 2009)
Results

• Notable finding: number of respondents who skipped questions, especially the suicide-specific questions, consistent across all three subsamples.
  – Example: “In your professional experience, Veterans who endorse suicidal thoughts/intentions most often present for Chaplaincy services at what level of suicide risk?”
  – Answered by 29 respondents (7.9% of the general US sample)
• So...what happened?
• The 70 respondents usually encountered Veterans on a weekly (n=21, 31.8%) or monthly (n=15, 22.73%) basis.
• N=39 (55.7%) chaplains with no past or present VA affiliation.
• N=20 (51.3%) did not take a military history
• N=19 (48.7%) not sure if the Veterans enrolled in VA services
• N=14 (35.9%) did not know how to advise Veterans how to enroll in VA services
• N=31 (79.5%) reported being aware of specialized programs and support options offered by the VA
Chaplaincy services are largely thought by researchers and clinicians to be limited to spiritual care. These findings highlight the involvement of chaplains in also providing psycho-social care.

- N=16 (33.3%) reported *Rarely* ($\leq 1 \times month$)
- N=16 (33.3%) reported *Sometimes* ($\geq 1 \times month$) encountering Veterans with end-of-life issues
Notable findings: US sample - End-of-life care

Psycho-social issues or problems encountered with veterans at the end-of-life

<table>
<thead>
<tr>
<th></th>
<th>Never N (%)</th>
<th>Seldom or Infrequently N (%)</th>
<th>Regularly N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of dignity</td>
<td>9 (22.0%)</td>
<td>16 (39.0%)</td>
<td>16 (39.0%)</td>
</tr>
<tr>
<td>Inconsequential life or not having a legacy</td>
<td>9 (22.5%)</td>
<td>22 (55.0%)</td>
<td>9 (22.5%)</td>
</tr>
<tr>
<td>Fear of burdensomeness</td>
<td>5 (12.5%)</td>
<td>17 (42.5%)</td>
<td>18 (45.0%)</td>
</tr>
<tr>
<td>Fear of pain</td>
<td>7 (17.5%)</td>
<td>17 (42.5%)</td>
<td>16 (40.0%)</td>
</tr>
</tbody>
</table>
Notable findings: Israeli sample

- N=6 responses to part 1
- N=3 responses to parts 2 and 3
- N=5 from female chaplains (compared to 50/50 in the US)
- Do chaplains see their role as providing mental health support, religious/spiritual support, or both?
  - N=3 “about evenly divided”
  - N=3 “predominantly religious/spiritual support”
- What percentage of service users are not Jewish?
  - N=2 <5%
  - N=1 5-10%
  - N=1 10-20%
  - N=1 >20%
Notable findings: Canadian sample

- Good research practice prohibits presenting findings in a population <5.
- Ensures that research subjects remain anonymous.
- Allows for the meaningful interpretation of results.
Discussion – Research Design

- Why did so many people skip questions on suicide?
  - Questions were not worded correctly?
  - Questions were too difficult/complex/overbearing to answer?
  - Minimal incentive to reply? “A survey? Thanks, but no thanks.”
  - Worried about confidentiality?
• A question of chaplaincy practice?
  – Didn’t know how to respond?
  – Suicidality and/or military history not asked about?
  – Is suicidality a rare occurrence among veterans who see NAJC chaplains?
  – Never gave it much thought?
  – Answer options not exhaustive? “None of these answers apply to me or were relevant.”
Discussion – Military History

• N=20 (51.3%) did not take a military history
• How many routinely ask?
• Does it come up passively?
• So, what is a military history?
Discussion

• N=20 (51.3%) did not take a military history

• So, what is a military history?
  Did you serve?
  Yes.
  Tell me about it... (Listen for where, when, what, combat, distress, moral injury, etc.)
Discussion – VA Enrollment

- N=31 (79.5%) reported being aware of specialized programs and support options offered by the VA
- N=19 (48.7%) not sure if the Veterans enrolled in VA services
- N=14 (35.9%) did not know how to advise Veterans how to enroll in VA services

Is knowing this important? Why?
SUICIDE PREVENTION
THE question

• Asking “Are you thinking about suicide?” is the first step towards suicide prevention.
• No evidence exists to suggest that asking about suicide either encourages or stimulates such behavior.
• The response of your service user will help you ascertain their level of risk as well as determine next steps.
» **Suicidal desire**: generally no reason for living, voices a wish to die or not carry on, admits to suicidal thoughts, and/or not caring if death occurs.

» **Suicidal capability**: already undertaken preparations for an attempt, inclusive of the means to die by suicide, such as access to a firearm or cache of pills.

» **Suicidal intent**: a current plan or expressed objective to die by suicide.
Imminent risk factors – indicators for immediate action

Requires medical attention and/or emergency services!

• Threatening to hurt or kill self
• Looking for ways to kill self; seeking access to pills, weapons or other means
• Talking or writing about death, dying or suicide
“Serious” risk factors – indicators for a formal suicide risk assessment

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there’s no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
Protective factors

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship
Assessing suicide risk

• **Low risk**: History mild suicide ideation, with limited or no suicidal capability or intent. Protective factors generally outweigh risk factors.

• **Moderate risk**: History of suicidal ideation with a degree of capability or intent, tangible (though non-acute) risk factors may be present. Usually history of suicidal behavior, e.g. extended history of ideation without an attempt.

• **High risk / Imminent risk**: Admits to suicidal desire, capability, and intent, acute risk factors such as a psychiatric episode are present. Usually extended history of suicidal behavior and past attempt.

• Most at-risk Veterans who present for VA chaplaincy services are at a moderate or high risk of suicide.
What’s one thing you’re taking away with you from today’s talk?
THANK YOU!!!