Evidence-Based Chaplaincy and Interdisciplinary Collaboration:
Training and Practice in the Veterans Health Administration

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MENTAL HEALTH AND CHAPLAINCY

Acknowledgement and Disclaimer

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- The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

Workshop Objectives

1. Describe the value of national VA programs promoting evidence-based chaplaincy and interdisciplinary collaboration

2. Describe two collaboratively-led groups based in evidence-based principles at the Pittsburgh VA

3. Describe approaches for promoting collaboration among interdisciplinary colleagues

Brief poll

1. How many consider your practices evidence-based or research-informed?

2. How many collaborate with mental health (MH) colleagues (e.g., psychiatrists, psychologists, social workers) to provide care?

    (1) Infrequently; (2) Sometimes; (3) Often

3. How comfortable do you feel co-leading groups with MH colleagues?

    (1) Uncomfortable; (2) Somewhat Comfortable; (3) Comfortable

Introductions

1) ## VA Mental Health and Chaplaincy

   1) Mental Health Integration for Chaplain Services (MHICS) training

      i. What do we mean by *integration?*

         ➢ Enhancing chaplains' skills in caring for those with MH needs

         ➢ Encouraging interdisciplinary collaboration

MENTAL HEALTH AND CHAPLAINCY

Why Integrate Mental Health and Chaplaincy?

- # People who are suffering turn to clergy and chaplains.

    1. National Comorbidity Study

    2. Veterans of post-9/11 conflicts who screened positive for a mental health problem

    3. Active-duty Soldiers in southeast US who saw a MH professional in the past year

    4. Veterans in Primary Care with probable major depression

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Spirituality and mental health are related in meaningful ways

- Hospital patient satisfaction is higher when spirituality is integrated in healthcare
  - Unmet spiritual needs is associated with lower levels of satisfaction and perception of quality care (Astrow et al., 2015)
  - Chaplain visits are associated with greater patient satisfaction (Marin et al., 2015)
- For Service members and Veterans, issues like guilt, loss of faith, and loss of meaning can lead to seeking care from both mental health professionals and chaplains (Fontana & Rosenheck, 2005; Morgan et al., 2016)

# Recent History of Mental Health and Chaplaincy Integration across DoD & VA

2009	**DoD / VA Mental Health Summit**
2010	**DoD / VA Integrated Mental Health Strategy: Strategic Action #23 (IMHS SA #23: Chaplains Roles)**
2013	**DoD / VA Joint Incentive Fund (JIF) Project: "Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care"**
2017	**Extending to Guard/Reserve via DSPO Project: "Training Chaplains in Evidence-Based Care to Promote Service Members' Mental Health and Prevent Suicides"**
2018	**Independent Support from Military Services for MHICS participation**

DSPO: Defense Suicide Prevention Office

MENTAL HEALTH AND CHAPLAINCY

Recent History of Mental Health and Chaplaincy Integration across DoD & VA

IMHS (2010-2013)

Chaplain Survey (*N* = 2,163)

Site Visits (*N* = 33 sites)

Task Group (*N* = 38)

VA/DoD Integrated Mental Health Strategy (IMHS) Final Report:
http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Expanded%20IMHS%20SA23%20Mental%20Health%20and%20Chaplaincy%20Report.pdf

JIF (2013-2017)

MHICS (*N* = 40)…

Learning Collaborative (*N* = 14 sites)

Broad Education

DoD/VA Joint Incentive Fund (JIF) Final Report:
http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Chaplains_MH_JIF_Final_Report.pdf

Survey Findings:
Problems Chaplains See vs. Trained For

Top Problems VA Chaplains See

1. Anxiety
2. Physical health problems
3. Alcohol abuse
4. Depression
5. Guilt

Problems for which Best Trained

1. Struggle with religious belief system
2. Guilt
3. Difficulty forgiving others
4. Spiritual struggle understanding loss/trauma
5. Difficulty accepting forgiveness

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- Diagnosis and psychotherapy are the mental health providers' role

- Spiritual assessments and religious activities are firmly in the chaplain's lane

- Providing counseling, attending to guilt and forgiveness, and enhancing resiliency are shared by both chaplain and mental health services

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Survey Findings:
Referrals

- ## Chaplains <u>making referrals</u> to mental health
  - ○ VA: 43% reported *<u>rarely</u>* (less than monthly or never)

- ## Chaplains <u>receiving referrals</u> from mental health
  - ○ VA: 36% reported *<u>rarely</u>*

Nieuwsma, J. A., Rhodes, J. E., Cantrell, W. C., Jackson, G. L., Lane, M. B., DeKraai, M. B., Bulling, D. J., Fitchett, G., Milstein, G., Bray, R. M., Ethridge, K., Drescher, K. D., Bates, M. J., & Meador, K. G. (2013). The intersection of chaplaincy and mental health care in VA and DoD: Expanded report on VA / DoD Integrated Mental Health Strategy, Strategic Action #23.

Suboptimal cooperation

- Lack of familiarity and understanding of each other's roles and capabilities

- Difficulties between chaplains and mental health professionals in establishing trust and confidence

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Addressing MH concerns together

- Provider must discern:
  - What care can I provide?
  - How can I work together with other providers, so we complement each other's care?

Mental Health Specialty Education for Chaplains

Mental Health Integration for Chaplain Services (**MHICS**)

A one-year training program to better equip chaplains in the provision of care to Service members and Veterans with mental health problems.

Cohort 3

Cohort 1

Cohort 2

Selected MHICS Aims

- The MHICS training aims to equip chaplains to do the following:
  - **Identify the signs and symptoms** of mental health problems (especially those prevalent among Veterans and Service members)
  - **Judiciously use evidence-based** psychological practices and principles within the scope of chaplaincy practice
  - **Effectively collaborate** with mental health professionals (including bi-directional exchange of referrals and mutual understanding of services offered)
  - Address the unique religious, spiritual, cultural, and relational needs of persons with mental health problems
  - Ultimately improve the care of Veterans and Service members

Acceptance and Commitment Therapy (ACT)

What is ACT?

- Related to CBT family of treatments

- <u>Acceptance</u>: *Willingness* to experience

- <u>Commitment</u>: Living in line with *values*

Why Focus on ACT in MHICS?

- Especially compatible with chaplaincy
  - Pastoral "presence"
  - Emphasis on values
  - Embraces major religious practices & traditions
  - Numerous shared spaces – e.g., love, joy, gratitude
  - Human flourishing, rather than absence of disease
  - Application for self and others
- Principle- or process-based
- Evidence for effectiveness

Why Problem-Solving Training in MHICS?

Chaplains are often approached with "problem situations."

- VA examples:
  - Treatment decisions
  - Life transitions
  - End of life decisions
  - Problem-solving during grief
  - Working with staff
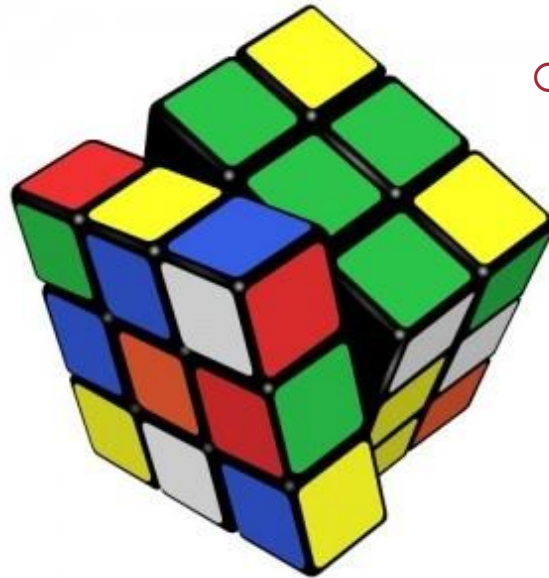
- DoD examples:
  - Family/relationship problems
  - Life skills
  - Advising command
  - Career decision-making
  - Crisis management

MHICS Findings*

- MHICS chaplains report being better prepared to care for Veterans & Service members with:
  - Anxiety**
  - Depression**
  - PTSD**
  - Psychosis**

- Additionally:
  - 94% report being able to provide better overall care to Veterans/Service members.
  - 91% report making appropriate referrals to mental health providers.
  - 88% report understanding how to apply evidence-based psychological practices within chaplaincy.
  - 88% function more effectively as part of an integrated care team.

* Findings based on pre/post measures completed by participants of first Cohort (20 VA chaplains & 20 DoD chaplains began training; 18 VA and 17 DoD chaplains completed program – a high completion rate for a year-long program of this nature).

** $p \leq .05$

I incorporate principles from _____ in my approach to pastoral care.

Legend: ■ Pre (M) ■ Post (M)

	Pre (M)	Post (M)
Acceptance and Commitment Training (ACT)	2.35	4.12***
Problem-Solving Training (PST)	3.15	3.76**
Motivational Interviewing (MI)	2.76	3.97***

Scale: 1 Strongly Disagree — 1.5 Disagree — 2 — 2.5 Neither A nor D — 3 — 3.5 Agree — 4 — 4.5 — 5 Strongly Agree
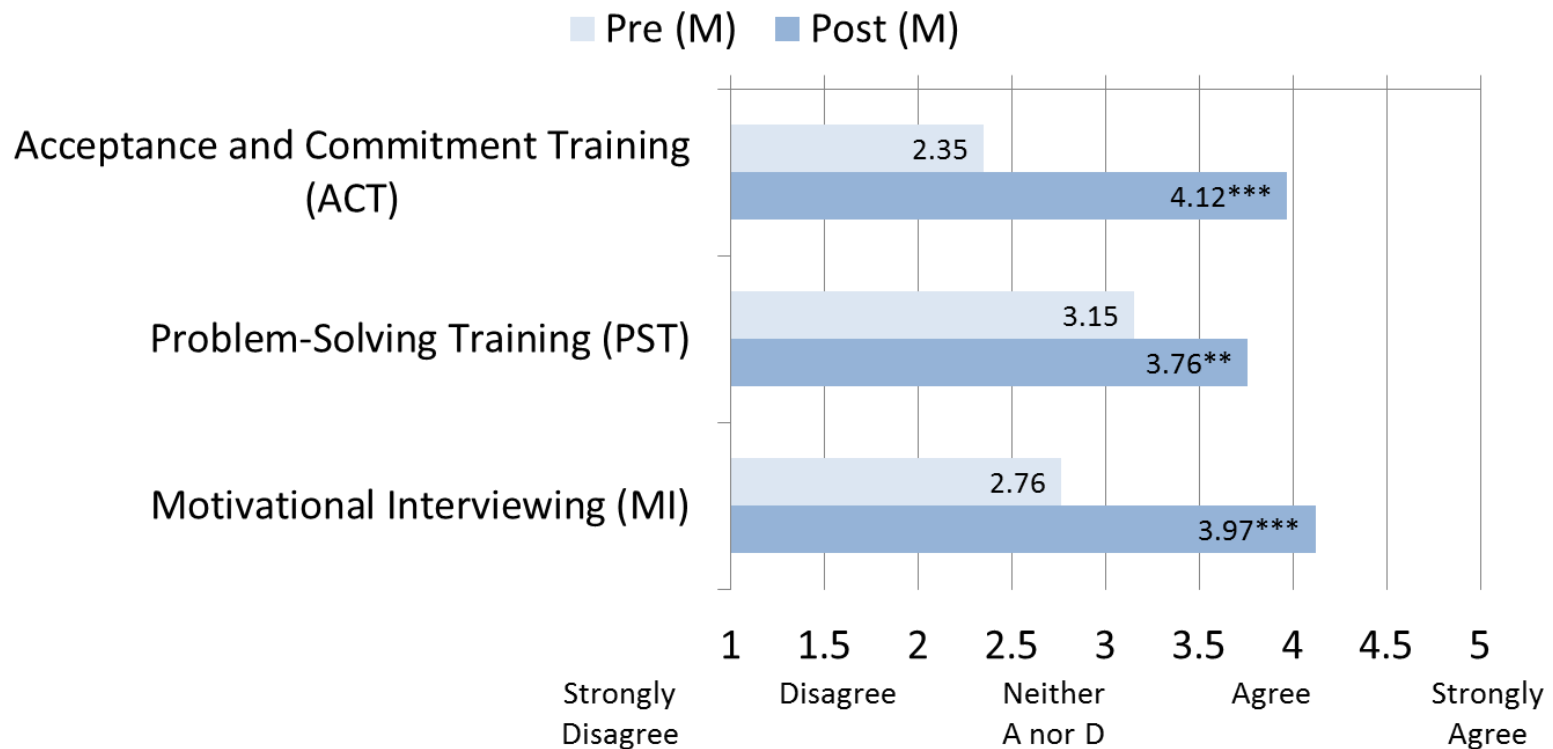
* From first cohort.

** $p < .01$ *** $p < .001$

Integration through Systems Redesign

Mental Health and Chaplaincy
Learning Collaborative

Mental Health and Chaplaincy Learning Collaborative
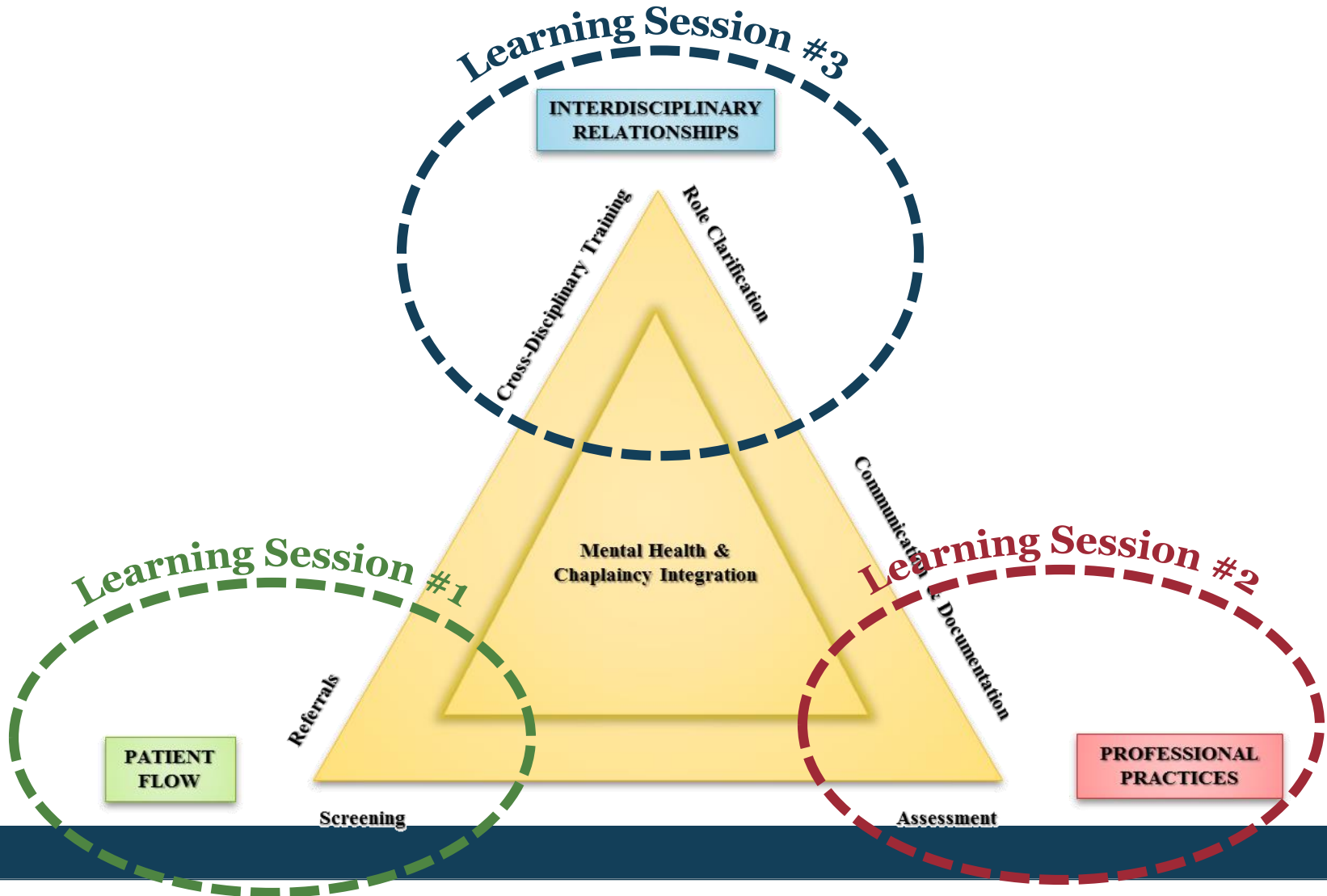
- ## Service Agreements:
  - ○ No agreements were in place pre-collaborative; by the end, agreements were completed or in progress for 6 of 7 VA teams and 7 of 7 DoD teams.

- ## Cross-disciplinary education:
  - ○ All teams provided/planned for: educating mental health about chaplaincy; and educating chaplains about mental health.

- ## Screening:
  - ○ All hospital-based teams implemented screening questions for use in mental health clinics to assess potential need for referral to chaplaincy.

MH&C Learning Collaborative: Findings from Site Surveys

- Chaplains and MH providers reported improvements in:
  - Using routine process to identify patients who could benefit most from seeing the other discipline.
  - Making appropriate referrals to the other discipline.
  - Understanding how to collaborate with the other discipline.
  - Having opportunities for joint training with the other discipline.

Teams generally focused on implementing changes in specific clinical areas, such as within a PTSD Clinic, but surveys were intended for all mental health providers and chaplains at a facility in order to gauge potential spread.

Practice / Application

1. Describe development of collaboratively-led groups that use principles of EBPs
2. Describe the impact of the groups
3. Describe the importance of collaboration

QI Project: Integrate MH Chaplaincy In Veterans Recovery Center (VRC)
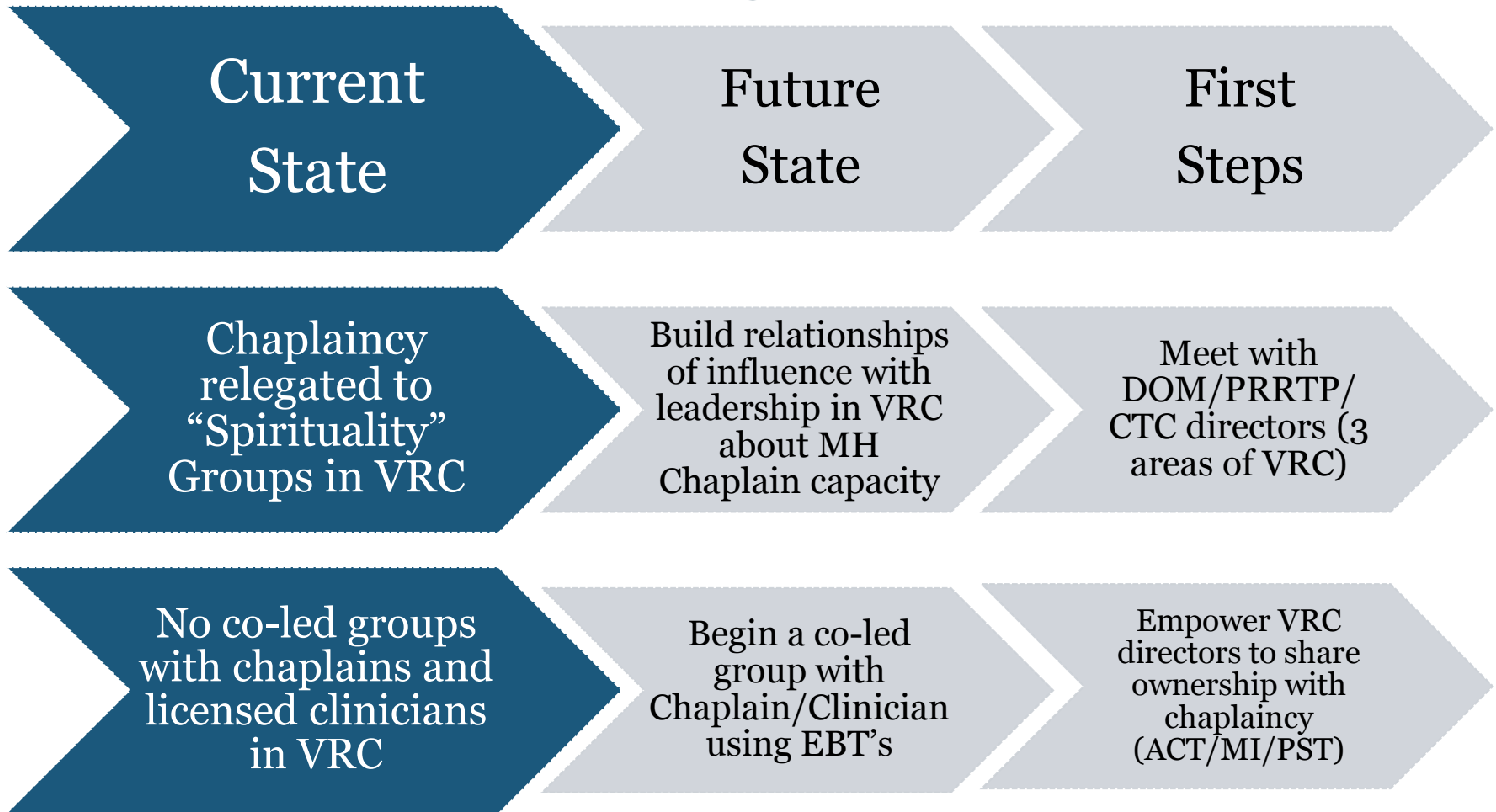
Current State	Future State	First Steps
Chaplaincy relegated to "Spirituality" Groups in VRC	Build relationships of influence with leadership in VRC about MH Chaplain capacity	Meet with DOM/PRRTP/ CTC directors (3 areas of VRC)
No co-led groups with chaplains and licensed clinicians in VRC	Begin a co-led group with Chaplain/Clinician using EBT's	Empower VRC directors to share ownership with chaplaincy (ACT/MI/PST)

Problem Solving Training (PST) Co-Led 8 Week Group

Education/Exercises	
Wk 1: Problem Solving Styles (Assessment) -- What is stress; What are your problems; problem solving orientations & styles	
Wk 2: Listening To Feelings -- Five Basic Stress Emotions; Triggers Worksheet;	
Wk 3: Multitasking? -- Timed-Exercise, Externalize; Visualize; Simplify;	
Wk 4: SSTA Method (Stop/Slow Down/Think/Act) -- Explain method; Discuss Emotions; Triggers; Mindful Walking;	

QI Project: Integrate MH Chaplaincy In Veterans Recovery Center (VRC)

<u>Problem Solving Training (PST) Co-Led 8 Week Group</u>

Exercises/Education
Wk 5: Planful Problem Solving Skills -- Set goals; brainstorming; prioritizing; assess effectiveness;
Wk 6: Improving Problem Solving Skills 1 -- Defining the Problem; Seeking Facts; Separating Assumptions;
Wk 7: Improving Problem Solving Skills 2 -- Getting Unstuck; Predicting Consequences; Develop Plan;
Wk 8: Practice and Follow-Up -- Work through Problem Solving Worksheet

QI Project: Integrate MH Chaplaincy In Veterans Recovery Center (VRC)

Lack of chaplain involvement in team-based MH care in other areas of the hospital

Expand MH Chaplaincy to other disciplines/areas

Meet with Clinicians (e.g., OEF/OIF PACT; VCCC; Rec)

Train others: Student SW's/Chaplain Residents

Development of Collaborative Relationships

Began when started working at VAPHS

Learning Collaborative team with a Combat Stress Behavioral Health (BH) provider
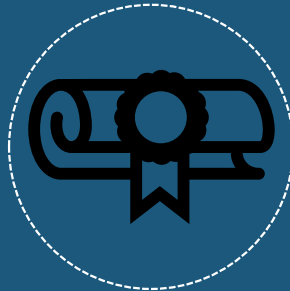
Mental Health Integration for Chaplain Services (MHICS) training

M.A. in Clinical Mental Health Counseling and my licensure as an LPC

Trust and accountability →Flourishing Collaboration

Importance of Collaborative Relationships

- Training is not checking a box nor a license to practice in a silo
- Team
  - Not a lone ranger in a BH clinic
  - Place for you and the psychologist
- Demonstrating trust and accountability
  - Putting time into relationships
  - Providing assistance at the right time
  - Learning the language of the locals
  - BCC specialty and licensure demonstrate accountability

Co-led ACT Group

- ACT for You outpatient group
  - Follows the ACT for Depression Curriculum created by VA providers
  - Adaptable to other conditions
- Co-led by chaplain and psychologist
  - Chaplain brings spiritual component and addresses questions about guilt, forgiveness, self-compassion, and values
- Each session is opened with a mindfulness exercise
- Chaplain and the psychologist take turns providing psychoeducation and facilitating exercises corresponding to the lesson

Co-led ACT Group Outcomes

- Group experience opens doorways to chaplaincy care
  - Start working with people individually
  - Anecdotes
    - Struggle with survivor guilt, worthiness
    - Struggle with forgiveness

MH&C Resources: Online Video Products

- *Bridging Mental Health and Chaplaincy* (≈ 1 hour each)
  1. "Why do it?"
  2. "Knowing Our Stories"
  3. "Opening a Dialogue"
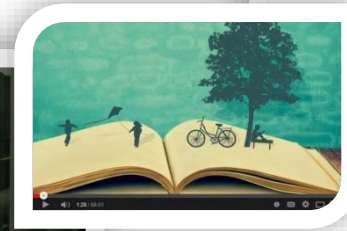
- *Learning Collaborative* (≈ 1 hour each)
  1. "Establishing Awareness"
  2. "Communicating and Coordinating Care"
  3. "Formalizing Systematic Processes"
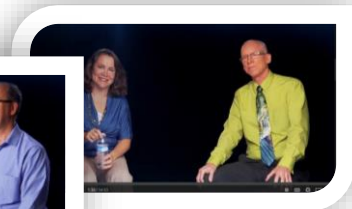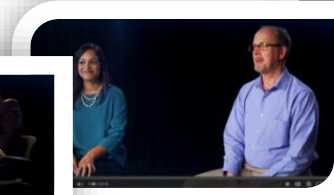
- *Clergy & Faith Communities*
  - Clergy (≈ 1 hour each)
    1. "Signposts Toward Collaboration"
    2. "Abiding with Those Who Suffer"

  - Faith Communities (≈ 20 minutes each)
    1. "Partners in Care"
    2. "Trauma"
    3. "Moral Injury"
    4. "Belonging"

Videos available on program website: www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/
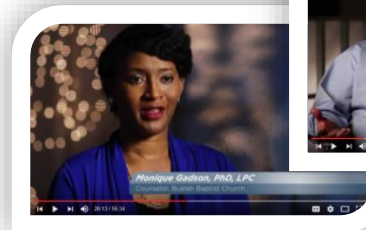
MH&C website: MHICS training

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Questions

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