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

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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.
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
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

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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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>DoD / VA Mental Health Summit</td>
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<tr>
<td>2010</td>
<td>DoD / VA Integrated Mental Health Strategy: Strategic Action #23 (IMHS SA #23: Chaplains Roles)</td>
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<tr>
<td>2013</td>
<td>DoD / VA Joint Incentive Fund (JIF) Project: “Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care”</td>
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<tr>
<td>2017</td>
<td>Extending to Guard/Reserve via DSPO Project: “Training Chaplains in Evidence-Based Care to Promote Service Members’ Mental Health and Prevent Suicides”</td>
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<tr>
<td>2018</td>
<td>Independent Support from Military Services for MHICS participation</td>
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DSPO: Defense Suicide Prevention Office

[www.mirecc.va.gov/mirecc/mentalhealthandchaplaincy/](http://www.mirecc.va.gov/mirecc/mentalhealthandchaplaincy/)
Recent History of Mental Health and Chaplaincy Integration across DoD & VA

Chaplain Survey
(N = 2,163)

Site Visits
(N = 33 sites)

Task Group
(N = 38)

VA/DoD Integrated Mental Health Strategy (IMHS) Final Report:

MHICS
(N = 40)

Learning Collaborative
(N = 14 sites)

Broad Education

DoD/VA Joint Incentive Fund (JIF) Final Report:
## Survey Findings:
Problems Chaplains See vs. Trained For

<table>
<thead>
<tr>
<th>Top Problems VA Chaplains See</th>
<th>Problems for which Best Trained</th>
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</thead>
<tbody>
<tr>
<td>1. Anxiety</td>
<td>1. Struggle with religious belief system</td>
</tr>
<tr>
<td>2. Physical health problems</td>
<td>2. Guilt</td>
</tr>
<tr>
<td>3. Alcohol abuse</td>
<td>3. Difficulty forgiving others</td>
</tr>
<tr>
<td>4. Depression</td>
<td>4. Spiritual struggle understanding loss/trauma</td>
</tr>
<tr>
<td>5. Guilt</td>
<td>5. Difficulty accepting forgiveness</td>
</tr>
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</table>

Survey Findings: Roles

- 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

Survey Findings: Referrals

- Chaplains making referrals to mental health
  - VA: 43% reported rarely (less than monthly or never)

- Chaplains receiving referrals from mental health
  - VA: 36% reported rarely

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

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.
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

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Acceptance and Commitment Therapy (ACT)

What is ACT?

- Related to CBT family of treatments
- **Acceptance:** Willingness to experience
- **Commitment:** 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.

MHICS Findings*

- **Acceptance and Commitment Training (ACT)**
  - Pre (M): 2.35
  - Post (M): 4.12***

- **Problem-Solving Training (PST)**
  - Pre (M): 3.15
  - Post (M): 3.76**

- **Motivational Interviewing (MI)**
  - Pre (M): 2.76
  - Post (M): 3.97***

* From first cohort.

** p < .01  *** p < .001
Integration through Systems Redesign
Mental Health and Chaplaincy Learning Collaborative

Learning Session #1
- Patient Flow
- Screening

Learning Session #2
- Professional Practices
- Assessment

Learning Session #3
- Interdisciplinary Relationships
- Cross-Disciplinary Training
- Role Clarification

Mental Health & Chaplaincy Integration
• **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.
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)

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State</th>
<th>First Steps</th>
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<tbody>
<tr>
<td>Chaplaincy relegated to “Spirituality” Groups in VRC</td>
<td>Build relationships of influence with leadership in VRC about MH Chaplain capacity</td>
<td>Meet with DOM/PRRTP/CTC directors (3 areas of VRC)</td>
</tr>
<tr>
<td>No co-led groups with chaplains and licensed clinicians in VRC</td>
<td>Begin a co-led group with Chaplain/Clinician using EBT’s</td>
<td>Empower VRC directors to share ownership with chaplaincy (ACT/MI/PST)</td>
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</tbody>
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### 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;
### Exercises/Education

<table>
<thead>
<tr>
<th>Week</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wk 5: Planful Problem Solving Skills</strong></td>
<td>Set goals; brainstorming; prioritizing; assess effectiveness;</td>
</tr>
<tr>
<td><strong>Wk 6: Improving Problem Solving Skills 1</strong></td>
<td>Defining the Problem; Seeking Facts; Separating Assumptions;</td>
</tr>
<tr>
<td><strong>Wk 7: Improving Problem Solving Skills 2</strong></td>
<td>Getting Unstuck; Predicting Consequences; Develop Plan;</td>
</tr>
<tr>
<td><strong>Wk 8: Practice and Follow-Up</strong></td>
<td>Work through Problem Solving Worksheet</td>
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</table>
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/](http://www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/)
MH&C website: MHICS training

http://www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/MHICS.asp

What MHICS Graduates have said about their training:

- [helped] me interact more proficiently with behavioral health. — Army chaplain
- deepened my understanding of the overlap between mental health and chaplaincy. — Navy chaplain
- provided me with tools for pastoral care I had not previously been using ... brought me up to date on research ... [and enhanced my ability] to communicate to mental health providers. — VA chaplain

Navy Chaplain, Cohort 2
The MHICS training organized and systematized the clinical skills I already had and helped me develop additional skills to care for Sailors. Specifically, incorporating Motivational Interviewing (MI) skills with Acceptance and Commitment Therapy (ACT) enabled me to cultivate change talk and promote positive action more effectively than I had done previously.

Because we are one hour away from the nearest mental health colleagues, it is important for me to be able to listen to and help out people here, as well identify what needs are beyond me and talk to them about going to the next level (i.e., referral to mental health).
References


Questions

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