

# Engaging the Spirit of Resilience

## Helping Clergy Understand their Role in Caring for Veterans and Servicemembers

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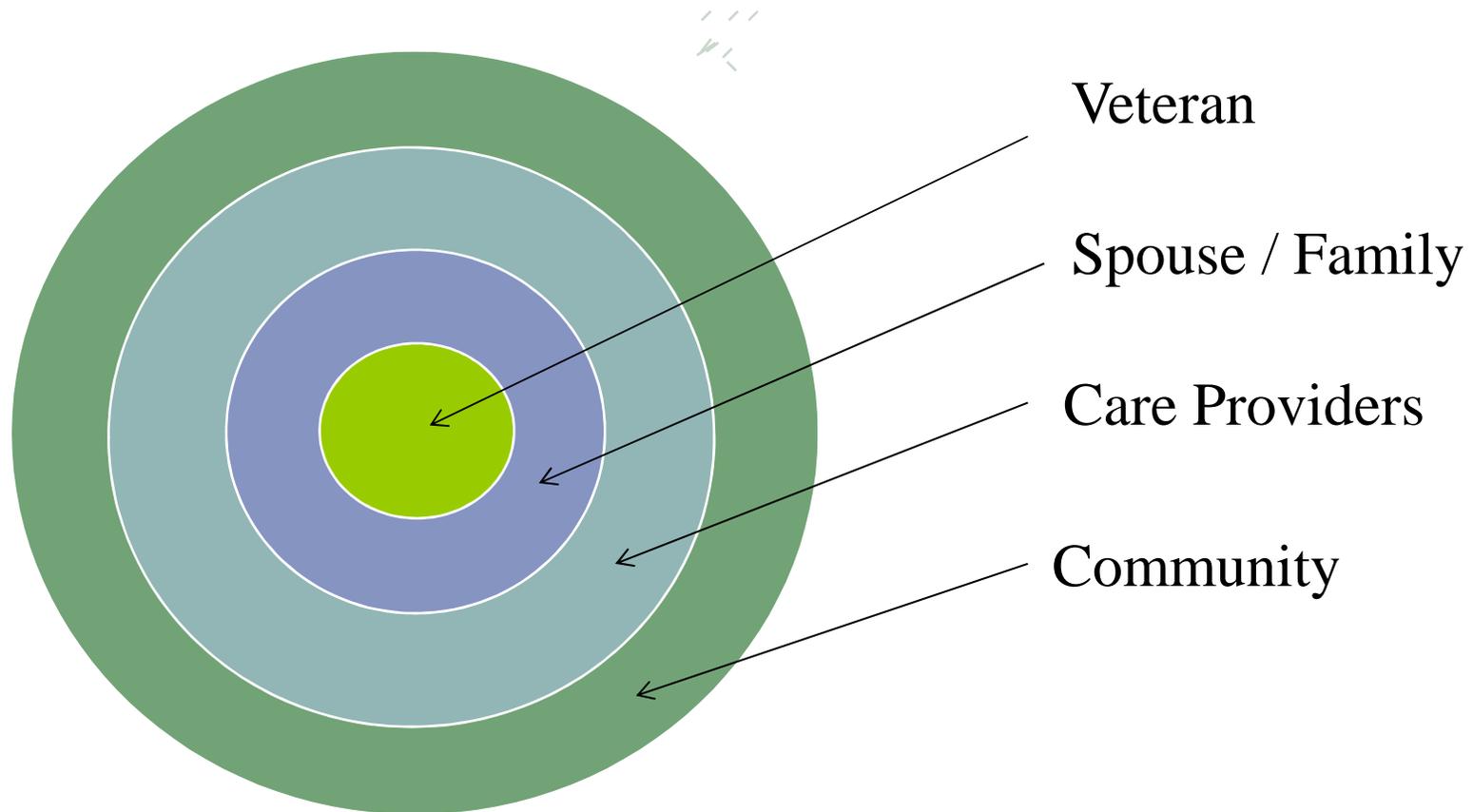
# Objectives

- Discuss how faith communities can identify families facing transition-related challenges.
- Discuss approaches faith communities can take in assisting families overcome transition-related challenges.

# Engaging a Network for Caring

- Educate Clergy
- Empower Clergy to Action
- Engage Clergy as members of a healing team

# Ripple Effects of Military Experience



Trauma Ripples through the system

# Why Educate Clergy?

## **Spiritual & Religious Issues Matter to Many**

- In times of trauma and distress, people often turn to God and their clergy for understanding.
- Psychological trauma challenges the injured to re-think and re-imagine their sense of order and continuity.
- Questions of meaning and purpose arise after crisis.
- 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.

# Why Educate Clergy?

## Injured Seek Clergy Counsel

- 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, Kulka and Douvan, 1981)

# Why Educate Clergy?

## Injured Seek Clergy Counsel

- 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%)

# Why Educate Clergy?

## Clergy Report Providing Mental Health Interventions

- Yale 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)

# Why Educate Clergy?

## **Seminaries and Divinity Schools Have other Priorities**

- Few courses offered or required in Seminary or Divinity School that will support.
- Not all religious denominations encourage pastors take a semester of Clinical Pastoral Education (CPE) (see [www.acpe.edu](http://www.acpe.edu))
- Reasons people see Clergy?

# Veteran's Use of Clergy

- Research shows that 4 of 10 individuals with mental health challenges seek counseling from clergy.
- Individuals are 5 times more likely to reach out to a minister than all other mental health providers combined.
- Veterans often feel more comfortable approaching their pastor than they do a mental health professional.
- **Negative reasons**. . . Magical thinking, avoiding truth of diagnosis, etc.

# Problem of Stigma

- Rural Veterans **limited healthcare options**, especially for mental health care.
- In smaller communities and the military culture, the **stigma associated with mental health** problems can be quite strong,
- Many **remain in the Guard or Reserves** and anticipate additional combat deployments.
  - a diagnosis, or even a rumor of mental healthcare treatment, can negatively affect their chances of military career promotion.
- Veterans in rural communities may **delay seeking help** until a crisis makes it unavoidable.

# Positive Coping after Trauma

- Clergy can take a significant lead in:
  - Offering social support of 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)

# Four Causes of Stress Injury

INTENSE OR PROLONGED STRESS

Life  
threat

Events that  
provoke terror,  
horror, or  
helplessness

Wear &  
tear

Accumulation of  
stress from all  
sources over time

Loss

Death or injury of  
others who are  
loved and with  
whom one  
identifies

Inner  
conflict

Events that  
contradict deeply  
held moral  
values and  
beliefs

Victim or Witness to Natural  
Disasters or Acts of Nature

Victim of a Violent  
Act by a Person

Agent of a Violent  
Attack

Suddenly Injured  
or Suddenly Ill

Witness of a Violent  
Act by a Person

Provides Care to  
Traumatized

Handling Human Remains

Powerless to Prevent

Sexual Trauma

Spiritual Responses

Emotional Responses

Behavioral Responses

Cognitive Responses

Physiological Responses

Psychological Responses

**Traumatic Events**

# Spiritual Reactions to Trauma

1. Confusion about God
2. Questions of Theodicy
3. Grief/loss of relationship with God
4. Loss of community – desire for independence
5. Altered sense of meaning in/of life
6. Loss of previously sustained (and sustaining) beliefs
7. Confusion about core ethical beliefs and morality
8. Feeling dirty and unworthy / fears of tainting others
9. Feeling permanently damaged
10. Feeling angry at self – blaming self
11. Feelings of guilt
12. Strengthen faith and reify religious convictions

# Spirituality & Rebuilding Life

- Spirituality is that which gives a person meaning and purpose.
- It is found in relationships with self, others, ideas, nature, and, possibly, a higher power.
- These many relationships are prioritized according to an organizing principle and form an intra-, inter-, and trans-relational web that houses a person's sense of meaning and purpose.
- Spiritual distress arises when one of these relationships that provide meaning is threatened or broken. The more significant a particular relationship is, the greater the severity of spiritual distress if that relationship is threatened or broken.
- Spiritual wholeness is restored when that which threatens or breaks the patient's relational web of meaning is removed, transformed, integrated, or transcended.

*Mark LaRocca-Pitts, Ph.D.*

# Typical Crisis Cycle

**Traumatic Stressors**

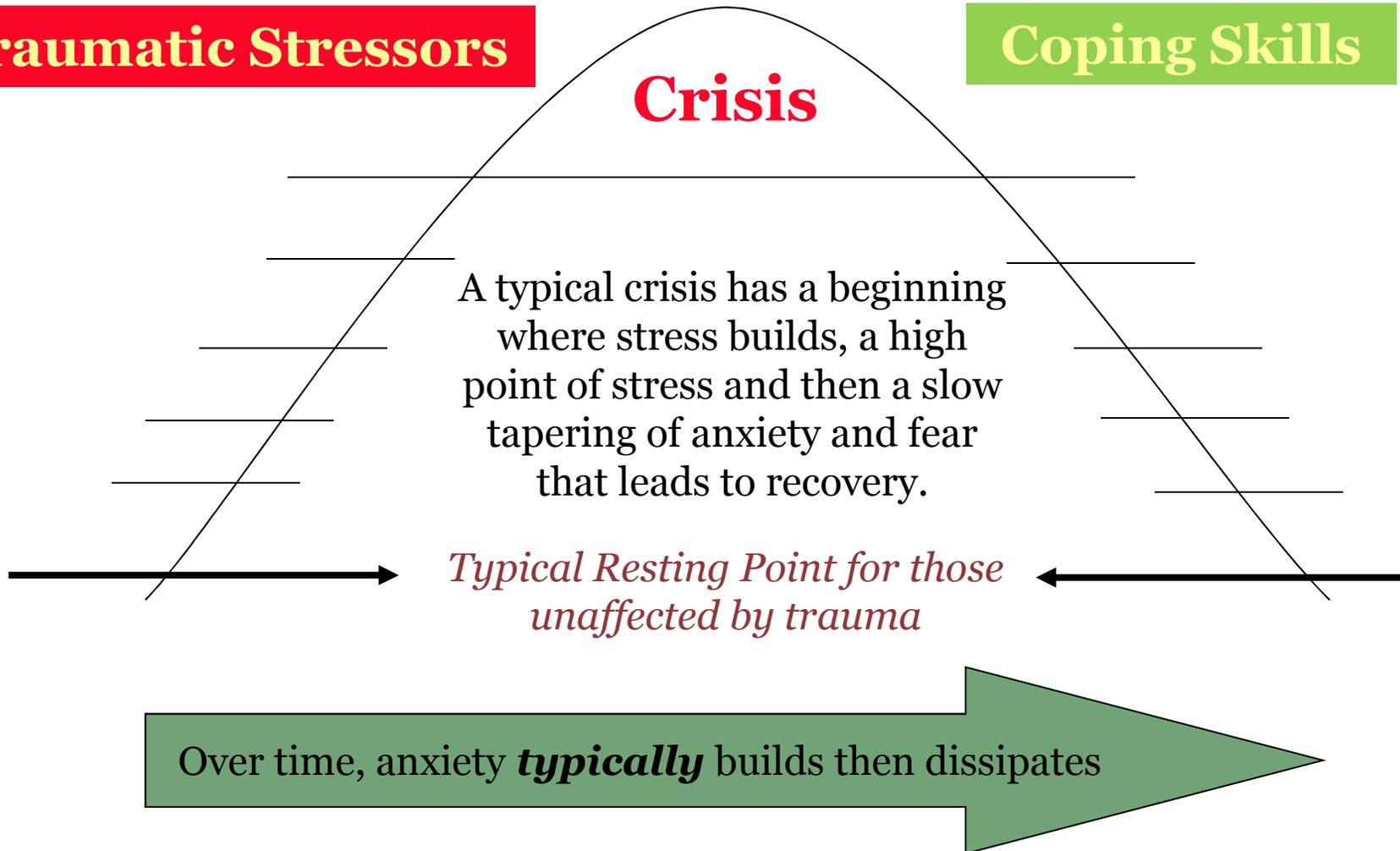
**Coping Skills**

**Crisis**

A typical crisis has a beginning where stress builds, a high point of stress and then a slow tapering of anxiety and fear that leads to recovery.

*Typical Resting Point for those unaffected by trauma*

Over time, anxiety **typically** builds then dissipates

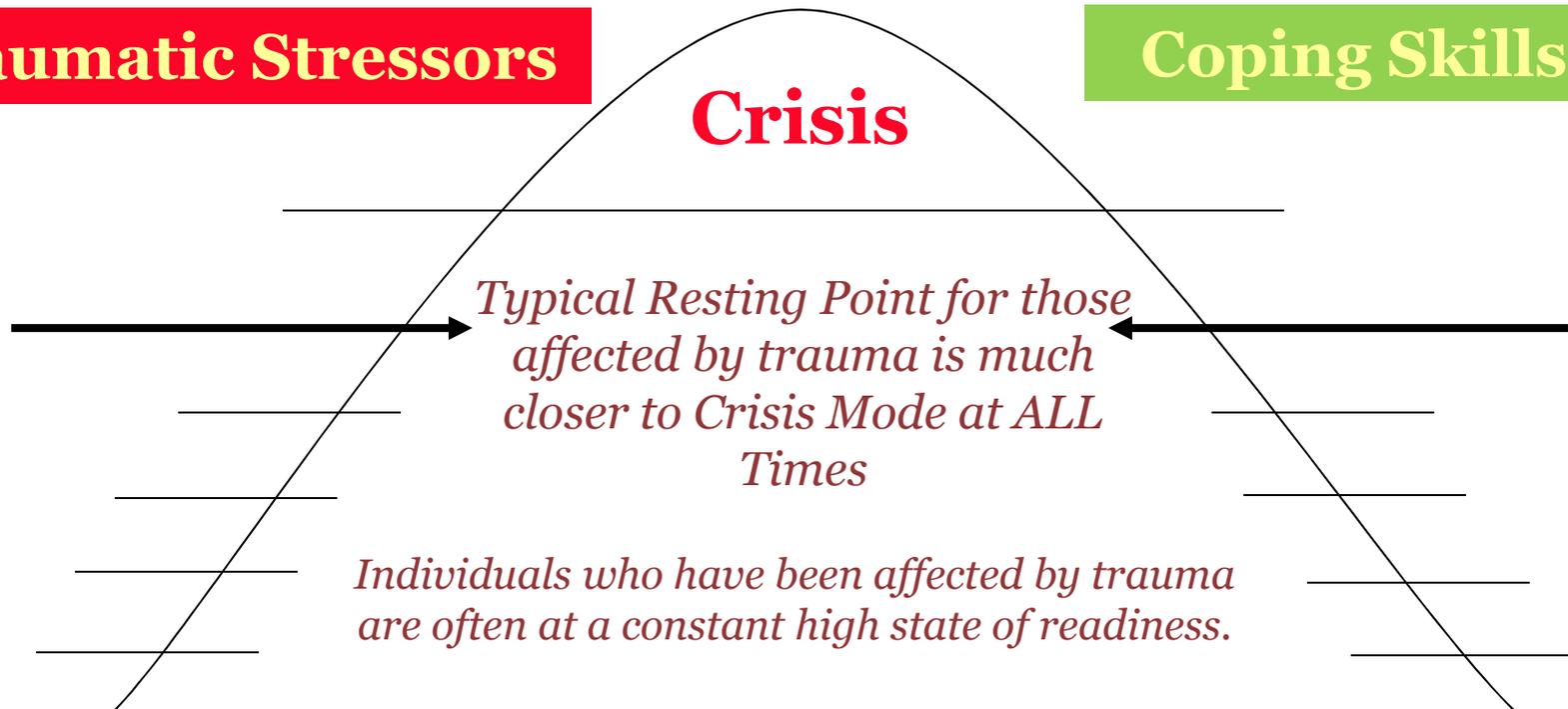


# Crisis Cycle After Trauma

**Traumatic Stressors**

**Coping Skills**

**Crisis**



*Pastoral Care: assisting individuals achieve balance.*

**Positive Coping skills can relieve traumatic stress symptoms.**

# Harman's Stages of Recovery

Stage 1      Safety

Stage 2      Remembrance and Mourning

Stage 3      Reconnection

(Judith Harmon, 1992)

# Reactions A Pastor Might See

1. Marital Disagreements
2. Problems with Children
3. Financial Problems
4. Homelessness
5. Problems with the Law
6. Substance Abuse
7. Dropping out of Organized Religion

# Referrals & Education

- Effective clergy referral has been found to correlate with education, social status, and theological attitude.
- Clergy with little education have low referral rates, whereas clergy with the highest education have the highest referral rates.

Pattison, EM., (1970)

# Rural Connection

- The majority of current combat troops belong to the National Guard and Reserves
- Many of them live in rural settings (40% nationally & only 3 counties in NC that are not “rural”)
- They typically return quickly to their home communities to re-integrate into civilian life
- Emerging symptoms of PTSD, TBI, and depression often go unrecognized, may be slow to develop, and are not addressed until problems become critical.

(Cook et al., 2011) & (Milliken et al., 2007)

- Pastors are integrated into/throughout the system.

Regarding Referrals. . . .

Refer

Refer

Refer

# Pastor's Role in Referring

- A Pastor's referral can validate, even de-stigmatize the use of mental health services
- Pastor can bring people in need to those who know how to assist best
- Rules for referral:
  - Refer early and often
  - Provide initial pastoral care at first . . . then
  - Assist with referral calls with and for them.

# Pastor's Role in Referring

- Know your limits
  - Time
  - Professional capacity
  - Role as Pastor/Chaplain creates some limitations
- Professionals of other fields can also be proactive in offering their expertise.

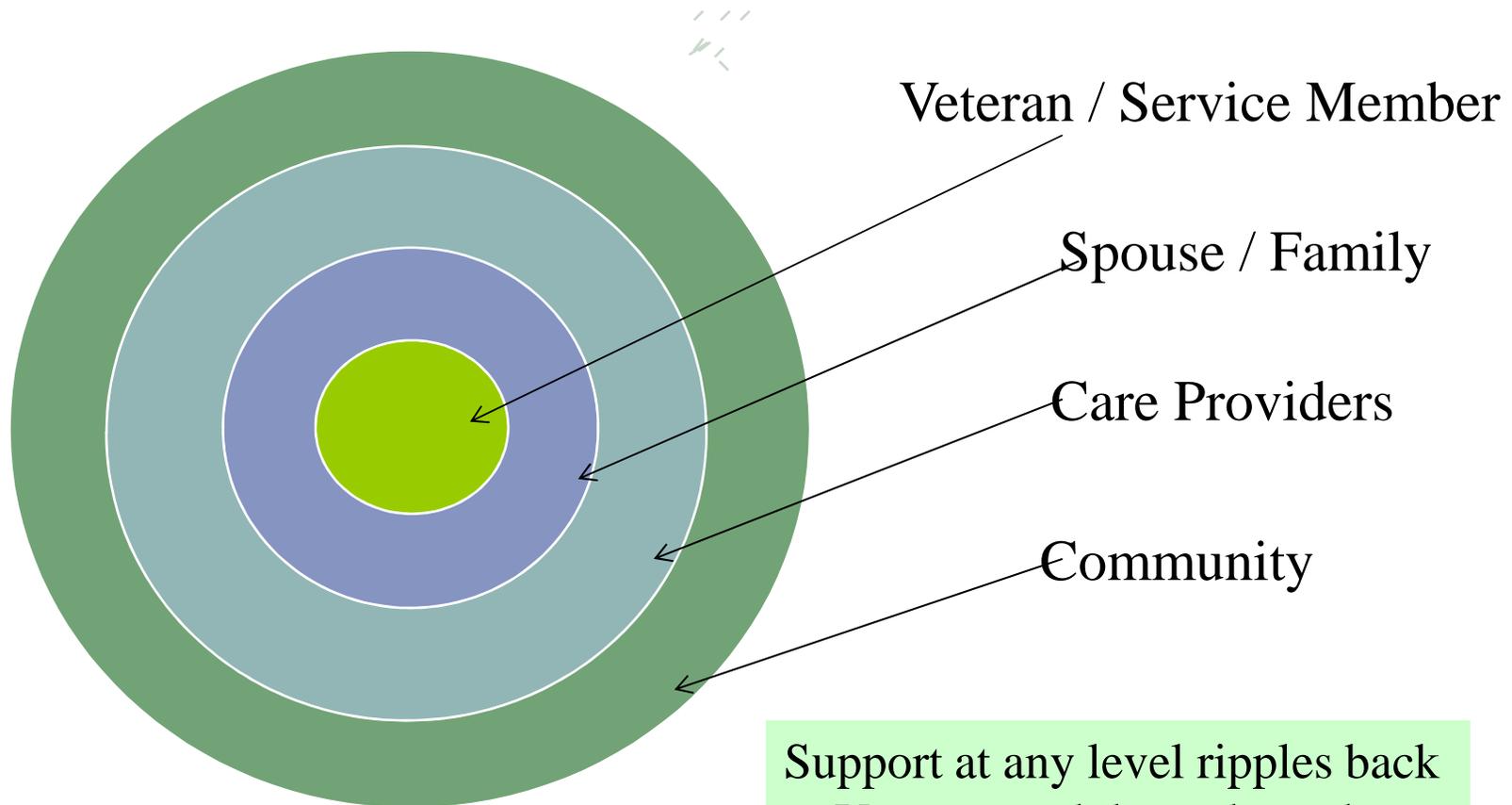
# Elements of Resilience

- Resilience factors
  - Social Support – within and beyond the family
  - Ability to make realistic plans and carry them out
  - Ability to manage strong emotions
  - Problem solving and communication skills
  - Positive view of self and self-confidence in one's abilities
- Spirituality consistently a factor in Posttraumatic Growth

# Facets of Resilience

- Resilience helps us cope with hardship (endures, minimizes or overcomes hardships);
- It helps us resist the destructive pressures on our physiological, psychological and spiritual self (maintains capacity);
- Resilience moves us to achieve a new proficiency out of the unfavorable experience (we learn something from the experience).

# Concentric Circles of Care



Support at any level ripples back to Veteran. and throughout the community.



# Handout Review

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