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A Life Worth Living: Evaluating and Assisting Army Chaplains in Suicide Prevention

John Simon Cochran
Gardner-Webb University, jc20bike@gmail.com

A LIFE WORTH LIVING:

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IN SUICIDE PREVENTION

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JOHN SIMON COCHRAN

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IN SUICIDE PREVENTION

JOHN SIMON COCHRAN

Approved by:

_____ (Faculty advisor)

_____ (Dean)

_____ (D.Min. Director)

Date: _____

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ABSTRACT

Despite its efficiency and flexibility as a modern fighting force, the U.S. Army has experienced an alarming spike in the number of its soldiers committing suicide over the past decade – approximately a 20% increase. The goal of this project is to contribute to the lessening of future suicides by evaluating the current preparedness of U.S. Army chaplains to assist with suicide prevention and intervention efforts among U.S. Army soldiers. The study will provide actionable conclusions of how chaplains can more effectively identify, intervene, and influence U.S. Army soldiers away from the risk of suicide towards a life worth living.

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INTRODUCTION

It is both an irony and a tragedy that the U.S. Armed Forces, the most well-endowed, equipped, and connected military in all of history, has experienced a nearly 20% overall increase in suicides over the past decade.[1] With every advance, there is a retreat. Despite the speed of technology, education, economics, and social connectivity that grows each day, there is a costly retreat caused by the stresses of constant attendance to these competing burdens, an "escape from the self."[2] Consequently, the U.S. Army specifically has experienced a 0% decrease in overall deaths from suicide over the past seven years, a dramatic increase when compared with the civilian population, and a 35% increase in the total population of America as a whole compared to 20 years ago.[3] This data from the National Institute for Mental Health (NIMH) shows suicide cuts across every socioeconomic, ethnic, genetic, and religious demographic in the country. Financially, over the last seven years, the Department of Defense (DoD) has directed over a billion dollars toward the epidemic of suicide in hopes of understanding, addressing, and reducing suicides within the Department.[4] Considering this information

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[1] Department of the Army, *DODSER: Department of Defense Suicide Event Report: Calendar Year 2018 Annual Report* (Washington, D.C.: U.S. Department of Defense, 2019), 9. According to the 2008 and 2018 DODSER reports, there were 268 suicidal deaths and 325 respectively. These numbers do not include dependents such as the 186 family members who took their lives in 2017. Readers should assume the author includes them alongside the use of "Soldiers" when it comes to providing care.

[2] Roy Baumeister, "Suicide as Escape from Self," *Psychological Review*, 97.1, (1990), 90-113.

[3] Department of the Army, *DODSER*, 4-37. There were record high numbers in 2012 and again in 2018. The annual report shows a rate for deaths per 100,000 of: Active Duty Army is 24.8, Reserves 22.8, and National Guard 30.8. According to the National Institute for Mental Health the civilian rate is 14.0 showing demographics across the board. National Institute for Mental Health, "Suicide," June 2022, National Institute of Health, accessed on 3 March, 2020, https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154969.

[4] Terri Tanielian, "Reducing Suicide Among U.S. Veterans: Implications from RAND Research," RAND Corporation, accessed on 7 September, 2019, https://www.rand.org/pubs/testimonies/CT510.html. Congress allocates funds for the strategic efforts and initiatives in five ways: Data Surveillance & Analysis, Research & Program Evaluation, Plans & Policy Oversight, Outreach, and Training Oversight.

provides a unique opportunity to reassess current efforts, productivity, and possible solutions toward saving America's most valued heroes.

It is the purpose of this project to analyze and assess U.S. Army chaplains' responsibility in identifying, intervening, and influencing Soldiers who have thoughts of suicide and to offer those Soldiers access to and delivery of the best plan of care. The need to establish and equip effective suicide gatekeepers abounds within the U.S. Army. Congressional testimony shows suicide is an area of interest and concern for the U.S. Armed Forces, as the deaths from suicide since 2013, 45,120, outnumber the deaths from war.[5] This project will analyze chaplains' preparation, training, and ability to intervene in order to foster maximal learning in an environment saturated with individuals with thoughts of suicide.

Over ten years ago, the project director's first day on the job as an Army chaplain candidate required him to counsel a Soldier with suicidal ideation. This encounter was the first of many interventions and steps to learn how to assist Soldiers effectively in their most significant time of need. The project grew out of ten years of Army training and experiencing inconsistency in regards to uniformity for suicide training. Based on the project director's experience in the Army, any credible treatment of suicidality must be able to traverse the risk factors by integrating biosocial, theological, psychological, and methodological techniques to serve the Soldier best.[6] Nevertheless, it is beyond the scope

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[5] Ibid.; see also various sites that demonstrate that suicide deaths almost eclipse even the 52,000 Soldiers that have been wounded in combat. Christopher T. Mann, "U.S. War Costs, Casualties, and Personnel Levels Since 9/11," Congressional Research Service, April 18, 2019, accessed on 1 March, 2020, https://fas.org/sgp/crs/natsec/IF11182.pdf.

[6] Numerous works on suicide discuss the risk factors present in the military influencing deaths by suicide. This paper recognizes the research, but presents information and resources to assist the Unit Ministry Team. For discussion of various factors at play see the James Sall, Lisa Brenner, Amy Millikan Bell, and Michael Colston, *Assessment and Management of Patients at Risk for Suicide: Synopsis of the*

of this project to discuss the predictive measures for suicidal behavior. Within the small field of suicidology or in the media, the debate to foresee these suicidal behaviors ensues. However, these conversations often fail to admit the truth that *prediction* is not necessary for *prevention*. At the heart of a chaplain's ministry of presence is prevention rather than prediction. This research, therefore, aspires to strengthen chaplains' credibility. This will happen by looking at what chaplains bring to the fight and how to improve.

Amidst an array of factors, chaplains have never been in a time of more vulnerability and credibility. Research on chaplains' qualifications to intervene has been overlooked, while suicide literature, research on gatekeeper programs, and suicide intervention in the military continues to develop.[7] The little empirical research done shows almost half of the chaplains surveyed feel prepared to intervene based on training received.[8] A void exists when considering chaplains as gatekeepers, their gatekeeping assessment of risk and interventions, and how the gatekeeping training influences self-care. This project will equip the researcher and chaplains as pastoral counselors to be more capable of coming alongside Soldiers to save lives and to take care of themselves. It is the assumption of the project director that the spiritual identity of the Soldier provides a reality for soldiers in which there can be flourishing and the potentiality for zero suicides; put negatively, where there is no such identity and rest, an increase of suicides is inevitable.

2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines, Annals of Internal Medicine., 171(5), (2019):343-353.

[7] R. Ramchand, L. Ayer, L. Geyer, & A. Kofner, "Army Chaplains' Perceptions about Identifying, Intervening, and Referring Soldiers at Risk of Suicide," *Spirituality in Clinical Practice, 2*.1., (2015): 36–47. As will be seen in the footnoted documentation below, programs and trainings are in development across the DoD.

[8] Ibid., 6.

The first step in accomplishing this goal is to understand the scope, training, and importance of the project director's role with suicide prevention. This is necessary to explain the procedures involved for a chaplain as a gatekeeper and gatekeeping staff officer. From that point, the focus of discussion turns to a "systems" explanation of suicide to more effectively depict the problem in the director's ministry setting. After briefly addressing a systems approach, the goals and objectives of this project will come forth alongside limitations.

Ministry Setting

It is vital to become acquainted with the scope of the project director's profession as an Army chaplain. At the start of the project, the project director serves as a battalion chaplain at Schofield Barracks, Hawaii. This is the project director's second assignment on active duty. Schofield Barracks, known colloquially as the "Tropic Lightning Division," is home to the 25th Infantry Division, and serves a population of over 100,000 military personnel, civilians, retired military, family members and dependents.[9] It is no surprise then that the topic of suicide would arise; in a population so vast and varied, a significant number of the population encounters the threat of suicide.

The Army currently implements a training program to help insulate soldiers from the risks of suicide. This training consists of blocks of instruction that range from one hour up to two days. The Ask-Care-Escort (ACE) brief is mandatory training every year.[10] The chaplain often is tasked in the Army with facilitating the suicide brief, ACE.

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[9] Department of the Army, "Schofield Barracks: In-Depth Welcome Center (2022 Edition)," *MyBaseGuide*, accessed on June, 2022, https://mybaseguide.com/installation/schofield-barrackswheeler-army-airfield/community/schofield-barracks-welcome-center/.

[10] U.S. Department of the Army, *Army Directive 2018-23: Improving the Effectiveness of Essential and Important Army Programs: Sexual Harassment/Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience* (Washington, DC:

A non-standardized training, the ACE brief generally entails training all soldiers from junior enlisted to first-line leaders in real-life scenarios.[11] In training, first-line leaders ask the soldier if they intend to kill themselves. If a soldier conveys suicidal ideation, the trained soldier must display care by talking with them. The final step, then, is to escort them to a professional. The key objective of ACE training is to give soldiers, including first-line leaders, basic knowledge, skills, and yearly required training. The training is an essential program because first-line leaders, who interact daily with the soldiers under their command, are often in the best position to observe and assess soldiers that may be at risk of suicidal ideation. However, first-line leaders often do not have the additional training or skillset necessary to appropriately engage the identified at-risk soldier(s), which is the appropriate role of an Army chaplain.

Furthermore, the ACE brief implies a soldier will escort a suicidal soldier to a care provider, which could include a chaplain. Moreover, regular soldiers often are fearful of intervening due to the impact it could have on the suicidal soldier's career and their self-efficacy for intervening.[12] Intervention in the case of a soldier with suicidal ideation can lead to the removal of the soldier's weapon to prevent them from self-harm, and permanently flagging the soldier in records as "high-risk." Furthermore, while the

US Department of the Army, 2018), 3. The amount of times a year is at commander's discretion, although it is normally once a year.

[11] U.S. Department of the Army, *Army Health Promotion, Army Regulation 600-63* (Washington, DC: US Department of the Army, 2015), 20. Examples of first-line leaders include squad and section leaders, platoon sergeants, and non-commissioned officers, lieutenants, company commanders, and civilians.

[12] Lynsay Ayer, Rajeev Ramchand, Lily Geyer, Lane F. Burgette, and Aaron Kofner, "The Influence of Training, Reluctance, Efficacy, and Stigma on Suicide Intervention Behavior Among NCOs in the Army and Marine Corps," *Journal of Primary Prevention*, 37.3, (2016): 287–302.

Army highly promotes seeking help, the stigma associated with a soldier seeking help remains due to the culture.[13] The latter encompasses the infrequent, non-standardized, and insufficient training for soldiers. Such hesitant service members often refer suicidal soldiers to a chaplain since chaplains, unlike medical professionals within the Army, are bound by confidentiality and not required to report on a soldier's potential mental health.[14] The importance of referring soldiers who are at risk for suicide will come up later in the project concerning the ASIST trained or non-trained chaplains.

Over the years, the Army's approach to suicide has slowly transitioned away from chaplains teaching as the primary "gatekeepers" within the Army for suicide prevention for various reasons. Amidst all the potential handicaps, chaplains too often employing religion in their brief is likely the reason.[15] Secondly, soldiers wanted a non-

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[13] For consideration of Army policies removing career promotion see J.D. Acosta, A. Becker, J. L. Cerully, M.P. Fisher, L.T. Martin, R. Vardavas, and T.E. Schell, *Mental Health Stigma in the Military* (Santa Monica, CA: RAND Corporation, 2014).

[14] This function of confidentiality can be found in U.S. Department of the Army, *Army Regulation 165-1: Religious Support – Army Chaplain Corp Activities* (Washington, DC.: Department of the Army, 23 June, 2015).

[15] In the discussion of suicide, the project director would like to point out the difficulties of the chaplain vocation promoting what he would call the "democratic religious spirit." When you take into account the diversity not only of the people's religious views in formation, but the complexities with their thoughts on suicide from various cultures, it is not easy. Furthermore, consider the format of briefing 50-100 people in a potential open forum or after a suicide providing a debriefing "hot wash," this demonstrates further challenges. Anecdotally, the project director's battle buddy has a story from down range he shared with permission. Following a suicide in front of other soldiers, he was asked by a higher chaplain to report to battalion that just had a soldier die by suicide in front of other soldiers. The on-call chaplain was sharing the resurrection story with traumatized soldiers. My fellow chaplains say, "The Command Team was obviously dissatisfied with the course of discussion with their traumatized soldiers. I asked if I could say a few words. The chaplain acquiesced, and never got the floor again with those soldiers. I did a 'hot wash' traumatic event debriefing with the assembled squad. Each soldier left still shocked and disoriented, but left in an obviously better mental condition. The command thanked me profusely, and the Battalion Commander cried on my shoulder as he explained this was the first service member (SM) he had lost while in command. The lead medic for the responding medical team asked me to do the same with his soldiers, and the Army Criminal Investigation Department (CID) team wanted the same for their junior investigators that had never responded to a violent suicide." The point being is that some chaplains are better at this than others.

commissioned officer to teach the course, as some research below suggests.[16] While the chaplains are in the trenches with the soldiers, the junior non-commissioned officers, and younger officers not only need to be equipped to teach suicide prevention skills, but the soldiers enjoy hearing training from the non-commissioned officers (NCOs).[17]

The Army continues to utilize its "in-house" prevention method: ACE-SI (suicide intervention) method in the fight against suicide.[18] The instruction is given in four lessons, each an hour long. The training begins with a review of the impact of suicide in the Army. In the second lesson, soldiers learn how to identify and call out unhealthy stigmas associated with suicide through the utilization of paper practice scenarios with notional suicidal soldiers. Lesson three entails a review of the ACE method. Then, Officers and NCOs are told to know their Soldiers, practice active-listening skills, and conduct a role play intervention. During the third lesson, the student instructs soldiers how to actively listen, care, conduct analysis, and practice an intervention. Finally, the trainer provides service members with non-emergency and emergency resources that address suicide risks and interventions.

The ACE-SI training is currently under revision. It is expected in fiscal year 2021 for the Suicide Prevention Prevention Managers (SPPM) to teach the new training at their respective bases. However, this training remains a one-time requirement for ranks E-5

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[16] A. Smith-Osborne, A. Maleku, & S. Morgan, "Impact of Applied Suicide Intervention Skills Training on Resilience and Suicide Risk in Army Reserve Units," *Traumatology*, 23.1, (2017): 49-55. This study on the ASIST program in the U.S. Army Reserves found fewer suicide attempts and reports of suicide ideation than those untrained.

[17] Bridgette Bell, *A Human Systems Integration Analysis of the Army Suicide Prevention Program,* (Master's Thesis: Naval Postgraduate School, 2013) 68-78.

[18] It is speculative on the base of researcher for the use of ACE-SI but probably due to financial reasons and time constraints due to mission.

and above.[19] The new training takes away the prior intervention practice and will still be a half-day training. While no studies show the effectiveness of ACE-SI, numerous studies note the value of role-play and active learning strategies in regards to suicidality.[20]

Another training equally as long as ACE-SI is by LivingWorks, called safeTALK. The training teaches others to uncover invitations for help given by a person with thoughts of suicide. It is a half-day training with an interactive aspect, videos, and steps through the acrostic TALK: Tell, Ask, Listen, and KeepSafe. This existing program allows a maximum of thirty soldiers to attend the training with two instructors. In regards to this study, safeTALK is critical because safeTALK envisions suicide safety as everyone's responsibility in some form or fashion.[21] To this end, the author hopes the project further supports the defining of "gatekeeping" behaviors by highlighting how trainers set the conditions for a more vigilant suicide-safer community fostering resiliency.[22]

Another LivingWorks training hoping to create suicide safer communities is the two-day ASIST training. The project director has served on active duty installations

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[19] U.S. Department of the Army, *Army Health Promotion, Army Regulation 600-63*, 21.

[20] For active learning strategies see W. F. Cross, D. Seaburn, D. Gibbs, K. Schmeelk-Cone, A. M. White, and E. D. Caine, "Does Practice Make Perfect? A Randomized Control Trial of Behavioral Rehearsal on Suicide Prevention Gatekeeper Skills," *The Journal of Primary Prevention*, 32.3-4, (2011), 195-211; C. Wu, Y. Lin, C.M. Yeh, L. Huang, S. Chen, S. Liao, & M. Lee, "Effectiveness of Interactive Discussion Group in Suicide Risk Assessment among General Nurses in Taiwan: A Randomized Controlled Trial," *Nurse Education Today*, 34.11, (2014): 1388-1394; S., Kuhlman, W., Walch, N. Kristina, & A.D. Glenn, "Intention to Enact and Enactment of Gatekeeper Behaviors for Suicide Prevention: An Application of the Theory of Planned Behavior," *Prevention Science*, 18.6, (Aug 2017): 704-715.

[21] Bruce Turley, *SafeTALK Literature Review: An Overview of its Rationale: Conceptual Framework, and Research Foundations* (Alberta, Canada: LivingWorks Education Incorporated, 2018).

[22] G. Holmes, A. Clacy, D.F. Hermens, J. Lagopoulos, "Evaluating the Longitudinal Efficacy of SafeTALK Suicide Prevention Gatekeeper Training in a General Community Sample," *Suicide Life Threatening Behavior,* (2021): 1-10.

frequently as an ASIST - Train the Trainer (T4T) instructor. The overall goal of LivingWorks ASIST training is to "train participants who are willing, ready, and able to provide life-assisting, suicide first aid."[23] This occurs in a two-day block of instruction. The ASIST two day, 16-hour workshop, teaches trainees to connect, understand, and assist those with thoughts of suicide. This is named the Pathway for Assisting Life model (PAL). Before instruction on the model, the trainees discover their attitudes and beliefs concerning suicide. The model itself offers a strong baseline training to provide quality care for trainees by exploring cues from suicidal individuals, asking the question of intent, listening to the story of individuals with thoughts of suicide, and providing a safety plan. The ASIST workshop is hosted monthly by the Suicide Prevention Program Manager (SPPM) and other units as well, pending approval of funds.

For soldiers with thoughts of suicide, chaplains possess certain advantages. Certainly, they offer spiritual and theological comfort in times of distress. Furthermore, chaplains offer confidentiality, which is the primary reason non-commissioned officers refer their soldiers to chaplains rather than medical health professionals.[24] Moreover, in a deployed setting, the Unit Ministry Team (UMT) is already a force multiplier in operations.[25] Chaplains and religious affairs specialists already serve organically in garrison or forward deployed Combat Operational Stress Control Teams (COSCs). Furthermore, the members of the UMT are likely already Traumatic Event Management

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[23] W. A., Lang, Ramsay, R. F., Tanney, B. L., Kinzel, T., Turley, B., and Tierney, R. J. *ASIST Trainer Manual*, 11.1 edition, (Alberta, Canada: LivingWorks Education Incorporated, 2018), 2.

[24] R. Ramchand, L. Ayer, L. Geyer, L. Burgette, and A. Kofner, "Non-Commissioned Officers' Perspectives on Identifying, Caring for, and Referring Soldiers at Risk for Suicide," *Psychiatric Services*, 66.10, (2015): 1057-63.

[25] K. B. Dahan, S. W. Gibbons, S. D. Barnett, and E. J. Hickling, "The Role of Military Chaplains in Mental Health Care of the Deployed Service Member," *Military Medicine*, 177.9 (2012): 1028-33.

(TEM) facilitators trained in psychological first aid and psychological debriefings.

Key Definitions and Terms

The following definitions offer a starting point in the study of suicide. A continuum of nomenclature for the topic of suicide leads some scholars in a Department of Defense (DoD) working group to call it "*Rebuilding the Tower of Babel*."[26] Currently, no consensus on definitions has yet been achieved across DoD, the Veteran's Affairs (VA), and civilian populations. The history of the attempted uniformity spans years.[27] Collectively, all parties hope to facilitate the topic with sensitivity by using patient-centered language. A lack of patient-centered care occurs when individuals use terms such as "commit" and "failed suicide attempt." "Commit" connotes a crime and "failed suicide attempt," or "completed suicide," implies death would be a successful outcome. These definitions below develop in detail in further sections of the project:

1. *Prevention* - In this project, suicide prevention refers to the activities and programs conducted to prevent suicides in the military. Numerous programs contribute to the outcome of fewer suicides. Such strategies include training on coping skills and self-referral, gatekeeper training, social/policy interventions, mental health interventions, crisis hotlines, marketing campaigns, appropriate response, screening programs, and provider pieces of training.[28]

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[26] M.M. Silverman, A.L. Berman, N. D. Sanddal, P. W. O'Carroll, and T. E. Joiner, "Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors, Part 1: Background, Rationale, and Methodology," *Suicide and Life-Threatening Behavior,* 37, (2007): 248-63.

[27] A.E. Crosby, L. Ortega, and C. Melanson, *Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements* (Atlanta, GA: Centers for Disease and Control and Prevention, 2011), 13-14.

[28] Joie D. Acosta, Rajeev Ramchand, Lisa H. Jaycox, Amariah Becker, and Nicole K. Eberhart, *Interventions to Prevent Suicide: A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative* (Santa Monica, CA: RAND Corporation, 2012), 18.

2. *Intervention* - The intervention mode of suicide "is considered to be the main mechanism to reduce the ultimate outcome, rates of suicide completions and attempts. It refers to any action that involves asking another individual about mental health issues, suicidal thoughts or plans, and/or escorting or encouraging those at risk to seek help."[29]
3. *Postvention* - The inclusion of postvention is now commonly seen and defined as prevention to suicide as "activities developed by, with, or for suicide survivors, in order to facilitate recovery after a suicide, and to prevent adverse outcomes including suicidal behavior."[30] Currently, while there are dozens of peer-reviewed journals, no evidence-based treatment exists for postvention activities. Kyna Pak and Marjan Ghahramanlou-Holloway, though give hope: "While evidence-based treatments for suicide postvention do not yet exist, we know certain clinical strategies can be therapeutic in the journey of recovery and healing."[31]
4. *Suicide Survivor* - The American Association of Suicidology (AAS) postulates that "a critical question that has long challenged researchers is how many people nationwide can be defined as a 'survivor of suicide.' A suicide survivor is a family member or friend of a person who died by suicide."[32] Therefore, for this

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[29] Crystal Burnette, Rajeev Ramchand, and Lisa Ayer, *Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature* (Santa Monica, CA: Rand Corporation, 2015), 3.

[30] Kari Andriessen, "Can Postvention Be Prevention?" *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 30, (1999): 44. Postvention was originally coined by Edwin Shneidman, *Death and the College Student* (New York: Behavioral Publications, 1972).

[31] Kyna Pak, Kelly E. Ferreira and Marjan Ghahramanlou-Holloway, *Suicide Postvention for the United States Military: Literature Review, Conceptual Model, and Recommendations*, Archives of Suicide Research, (Bethesda, MD.: Taylor and Francis, 2018), 18.

[32] American Foundation for Suicide Prevention, *Survivor Research: AFSP and NIMH Propose Research Agenda, 2010.* http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=05147440-

paper, "suicide survivor" refers to anyone exposed, affected, or bereaving a suicide impacted relationally, emotionally, socially, physically, or spiritually.

5. *Suicide* – One definition states suicide is "a self-inflicted behavior that results in a fatal injury and for which there is evidence of some intent to die as a result of the behavior."[33] Similarly, the Center for Disease Control and Protection (CDC) define suicide as "death caused by self-directed behavior with any intent as a result of the behavior."[34]
6. *Suicide Ideation* - "Suicide ideation refers to a range of thinking, from passive thoughts of wanting to be dead to active thoughts of harming or killing oneself."[35]
7. *Gatekeeper* - Gatekeepers are individuals trained to "identify persons at risk of suicide and refer them to treatment or supporting services as appropriate"[36]
8. *Gatekeeping* - Distinct from "gatekeeper," gatekeeping "refers to performing the trained responsibilities of a gatekeeper."[37]
9. *Euthanasia* - For the purpose of the project, the paper delineates a suicide and euthanasia choice. The former chooses between the intentional choice to die when one can live and the latter choose a "good death" when it is near and inevitable.

E24E- E376-BDF4BF8BA6444E76, accessed on 2 February, 2020.

[33] Rajeev Ramchand, *The War Within Preventing Suicide in the U.S. Military* (Santa Monica, CA: RAND Corporation, 2011), 8.

[34] Crosby, Ortega, and Melanson, *Self-Directed Violence Surveillance*, 23.

[35] Ibid., 56.

[36] U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action* (Washington, DC: HHS, 2012), 139.

[37] C. Burnette, R. Ramchand, and L. Ayer, *Gatekeeper Training for Suicide Prevention*, 2.

10. *Compassion Stress/Fatigue* – Coined by Charles Figley, compassion stress is the "stress connected with exposure to a sufferer," and compassion fatigue is "a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress and all it evokes."[38]
11. *Vicarious trauma*tization (VT) – Katie Baird & Amanda Kracen espouse that this "refers to harmful changes that occur in professionals' views of themselves, others, and the world as a result of exposure to graphic and/or traumatic material. VT can be seen as a normal response to ongoing challenges to a helper's beliefs and values but can result in decreased motivation, efficacy, and empathy."[39]
12. Ambiguous Loss Theory – The project director's preferred way of seeing the countertransference of secondary traumatic stress with completed suicides is ambiguous loss. The original theorist, Pauline Boss, notes, "In the world of unresolved grief, there is a unique kind of loss that complicates grief, confuses relationships, and prevents closure. I call it *ambiguous loss.*"[40] In a recent article demonstrating the connection between suicide and ambiguous loss, the authors state that ambiguous loss theory "primarily connects with losses not related to death; it can link with death by suicide as those bereaved may have similar internal (e.g., guilt, shame, disbelief, blocked grief) and external experiences (e.g.,

[38] Charles R. Figley, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treated the Traumatized* (New York, NY: Brunner/Mazal Publications, 1995).

[39] Katie Baird & Amanda C. Kracen, "Vicarious Traumatization and Secondary Traumatic Stress: a research synthesis," *Counselling Psychology Quarterly,* 19.2, (2006): 181-188.

[40] Pauline Boss, "The Trauma and Complicated Grief of Ambiguous Loss, *Pastoral Psychology*, Vol. 59(2), 137–145.

lack of support, stigma, lack of acknowledgment)."[41]

13. Skills versus Behavior – Definitions differ between skills and behaviors in gatekeeper training studies. Dr. Renée Bazley notes:

> "Skills *approximate* real world application of behaviors. They are measured in the training context and are a static competency (i.e., measured at a single time) rather than over a period of time. Behaviors are *naturalistic* gatekeeper behaviors that occur in real world settings and reflect any action that promotes or enables suicide prevention. They are commonly measured over time."[42]

This definition will be shown beneficial when it comes to understanding the skill traits within a gatekeeper.

[41] Maribeth F. Jorgensen, Sara Bender and Ashley McCutchen, "I'm Haunted by It:" Experiences of Licensed Counselors who had a Client Die by Suicide," *Journal of Counselor Leadership and Advocacy*, (2021): 1-16.

[42] Renée Bazley, *Can Members of Christian Faith-Based Organizations be a Resource for Suicide Prevention?* (Dissertation, University of Queensland, 2016), 29.

DETAILED PROJECT DESCRIPTION

One crucial role of the chaplain in the Army is to create a sense of calm amid the storm wrought by circumstances leading them to think about suicide. Chaplains do this by counseling at-risk soldiers while encouraging them to get help amidst a full range of religious support duties.[1] Chaplains provide pastoral care "in response to and prevention of challenges to unit cohesion, morale, and soldier resilience as affected by religion, such as suicide; sexual assault, harassment, and/or abuse; domestic violence; and substance abuse."[2] The treatment of each element poses a "maze" of difficulties to navigate for command teams.[3] The basis of this study is to analyze chaplains' effectiveness in suicide prevention and intervention. By so doing, the project director will hopefully empower other chaplains to become more "nested" in their respective commander's intent, and be synchronized and integrated across their respective footprints.

Presenting Problem

From a systems perspective, very little attention has been paid to the culture, institution, and environment of the Army in the context of suicide. Antoon Leenars, a Canadian psychologist, agrees when he writes, "Culture is a cultivation and this *results* in a community or society having shared values, skills, rules, and knowledge; shared ways of doing things – even in suicide."[4] In making this comment, Leenars undergirds the

[1] U.S. Department of the Army, *Army Regulation 165-1,* 7-10.

[2] Ibid., 8.

[3] U.S. Department of the Army, *Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset* (Washington, D.C.: Department of the Army, 2012), 21.

[4] Antoon A. Leenaars, *Suicide Among the Armed Forces: Understanding the Cost of Service,* (London, UK: Routledge, 2016), 19.

importance of a "systems approach" in suicide prevention. For the most part, scholars admit the task of explaining the Army "system," on the whole, would take volumes of books, would be poorly presented, yet would be necessary.[5] He states this in part to help others consider the individual, contextual, psychosocial, and spiritual forces at hand. Nevertheless, it is possible to make considerable strides in understanding how the Army handles suicide and problems associated with suicide.

In regards to U.S. Army culture, systemic thinking best accounts for how to address suicide. First, there is the perspective of the individual. From one perspective of the soldier, as discussed above, there could be fear of job consequences, stressors such as anger and depression,[6] stigmas of appearing weak, and poor leadership influencing their thoughts, affections, and actions toward suicide. Another perspective is the project director's as a chaplain. Per Army Regulation 600-63:

> Chaplains and their assistants in UMTs will assist commanders in providing suicide prevention and awareness training for Soldiers, Army Civilians, and Family members in their respective units and communities. All chaplains and chaplain assistants will receive basic and advanced suicide prevention and/or awareness training as determined by the Chief of Chaplains. Chaplains and UMTs will consult with local BH assets *to ensure that information provided to units is scientifically and medically accurate.*[7]

According to the regulations, chaplains should be learning and teaching evidence-based suicide training to meet the commander's intent. From the student's perspective, chaplains lack adequate training, never consult with BH for sound training, and chaplains

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[5] Ibid.

[6] C.R. Wilks, L.A. Morland, K.H. Dillon, M.A. Mackintosh, S.M. Blakey, and H.R. Wagner, "Anger, social support, and suicide risk in US military veterans," *Journal of Psychiatric Research,* 109, (2019): 139-144.

[7] U.S. Department of the Army, *Army Health Promotion, Army Regulation 600-63,* 21. *Italics mine.*

are failing to synchronize this in their units. According to Army doctrine, synchronization is "the arrangement of military actions in *time, space, and purpose*."[8] Additionally, when a chaplain fails to integrate with behavioral health, suicide prevention program managers, and internal companies for suicide prevention, it hinders readiness and could result in mission failure. In the project director's mind, this should include chaplains discussing the research demonstrating the existential wellbeing of spiritual coping in soldiers during suicide training and crisis with the lack thereof.[9] As a contribution to understanding and influencing the chaplain's role in the system, this project examines the potential association between chaplains experiences, aptitudes, and the outcomes of gatekeeper training.

As alluded to above, the U.S. Armed Forces, including the U.S. Army, have a higher rate of suicide per capita than the general population in the United States, and for various reasons, a culture exists within the Army that makes assessing suicide and its surrounding issues more difficult. Even more concerning, from the project director's perspective, there is currently no evaluation of trained gatekeepers in suicide prevention and intervention to determine if their efforts to address this acknowledged issue have been effective.[10] Are chaplains or other soldiers trained in ASIST or other gatekeeper

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[8] Department of the Army, *Army Doctrine Publication 5-0: The Operations Process,* (Washington, D.C.: Department of the Army, 2019), 2-5. *Italics mine*.

[9] For a systematic review of 43 studies bearing the wellbeing of soldiers when spirituality and religion is present see L. Smith-MacDonald, J.M. Norris, S. Raffin-Bouchal, and S. Sinclair, "Spirituality and Mental Well-Being in Combat Veterans: A Systematic Review," *Mil Med,* 182.11, (2017): e1920-e1940; for a meta-analysis A. Wu, J.Y. Wang and C. Jia, "Religion and Completed Suicide: a Meta-Analysis," *PLoS ONE,* 10.6, (2015): 1-14.

[10] One journal that dealt with the VA and DoD on a large scale of *self-perceived* ability among suicide was by M.S. Kopacz, J.A. Nieuwsma, G.L. Jackson, J.E. Rhodes, W.C. Cantrell, M.J. Bates and K.G. Meador, "Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy," *Suicide and Life-Threatening Behavior,* 46.2, (2016): 206-212. In regards to 985 Active Duty Army Chaplains 79.9% felt very prepared. What allowed training quality,

programs conducting the imperative interventions? If so, are they utilizing the PAL ASIST model, a variation, or other training? It would be of great benefit in the ministry context to thoroughly examine the interventions or lack of interventions implemented by trained and untrained chaplains, and the outcomes of those interventions. This would both provide and give data as to whether currently employed interventions are effective and guide future decisions on improving suicide reduction.

Given the interplay between suicidality and chaplains, there would appear to be value in an understanding of how suicidality affects chaplains, also known as compassion fatigue, vicarious trauma, and secondary traumatic stress. In the context of suicidality, the term more often is referred to as grief[11] or ambiguous loss. More recently, scholars have shown interest in ambiguous loss with mental health providers and suicidality.[12] These potential pernicious effects are well-documented in counseling literature over the past twenty years for even the most mature clinicians.[13] In fact, 80% of professional counselors interact with suicidal clients in a variety of settings.[14] For the military, these

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content, structure got them there as mentioned varies amongst chaplains versus Ramchand's journal (2015) that said chaplains felt almost 50% of preparation.

[11] Grief has been defined by William Worden as "a person's reaction to bereavement comprised of thoughts, feelings, and behaviors experienced after the loss that change over time." Found in William J. Worden, *Grief Counseling and Grief Therapy: A handbook for the mental health practitioner*, 5th ed. (New York, NY: Springer Publishing Company, 2018), 38.

[12] Maribeth F. Jorgensen, Sara Bender and Ashley McCutchen, "I'm Haunted by It:" Experiences of Licensed Counselors who had a Client Die by Suicide," 2.

[13] N.C. Elston, J.L. Rogers, D.D. Gilbride, and L.R. Shannonhouse, "Counselors in training identifying and responding to suicidal clients: a matched-control study," *Journal of Counselor Leadership and Advocacy,* 7.1, (2020): 1-14. See also Andrew Reeves, *Counselling Suicidal Clients* (London, UK: Sage Publications, 2010).

[14] C.A. Wachter Morris, and C.A. Barrio Minton, "Crisis in the curriculum? New counselors' crisis preparation, experiences, and self-efficacy," *Counselor Education & Supervision,* 51(4), (2012): 256–269.

data points have implications for retention, treatment, and counselors. In the domain of suicidality, this potentially exacerbates anxiety, fear, guilt, frustration, or engenders a weakening faith. If mainstream counseling and therapy fails to adequately prepare clinicians for handling licensed clinicians,[15] how do chaplains cope with these secondary traumatic stressors?

As will be discussed below, this project will evaluate current interventions by direct interviews of chaplains, gathering information about their perceptions of the training, its implementation among soldiers, and how suicidality impacts chaplains. This will be done implementing interpretative phenomenological analysis (IPA).[16] It is therefore sensible to conclude that the implementation of this project would make sense of the data by drawing themes, like a magnet, center stage from chaplains' experiences. While the project will draw attention to the underlying themes present, the overarching aim will illuminate data points on chaplains' knowledge, skills, attitudes, and behaviors demonstrating the value of gatekeeper training for chaplains in improving suicide awareness and prevention measures within the Army.

The research literature is relatively absent concerning the examinations of the effectiveness of suicide intervention and gatekeeper programs in the military. The literature is also absent concerning the impact of suicidality on military chaplains.[17] An

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[15] Jorgensen, Sara Bender and McCutchen, "I'm Haunted by It:" Experiences of Licensed Counselors who had a Client Die by Suicide," 1-16.

[16] Jonathan A. Smith, Paul Flowers, and Michael Larkin, *Interpretative Phenomenological Analysis: Theory, Method, and Research* (London, UK.: SAGE, 2009).

[17] Grace W. Yan, and Joan Beder, "Professional Quality of Life and Associated Factors among VHA Chaplains." *Military Medicine* 178.6, (2013): 638-45; Wesley H., McCormick., et al. "Professional Quality of Life and Changes in Spirituality Among VHA Chaplains: A Mixed Methods Investigation," *Journal Health Care Chaplaincy, 23.3,* (2017): 113-129.

analysis of chaplains in this project will address this gap in the literature by assessing the impact of suicidality on chaplains, surveying chaplains trained in ASIST, and other training, as well as chaplains who are not, and evaluating their prevention and intervention skills. The interviews will ask chaplains about the interventions they have conducted with suicidal soldiers in the past. Additionally, it will evaluate their beliefs and views about the effectiveness of these interventions (including the training, if any, that the chaplains had prior to and applied in connection with these interventions). Results gathered from these interviews and evaluations will provide valuable data points that can be analyzed to create refinements to current training systems or to propose new ones. The scope of the current project is not an investigation of gatekeepers within the Army as a whole. Instead, it will be limited to interviews and an evaluation of methods by chaplains and how they operate as gatekeepers and gatekeeping for suicide prevention by the regulations.[18]

Thus, it is the intention of the project to present overall findings, qualitatively, to measure the effectiveness that chaplains have in suicide prevention and the impact of suicidality on chaplains. Several research questions include: What impact does suicidality have on chaplains and does gatekeeper training influence this? How does a chaplain experience a death by suicide? How prepared does a chaplain feel based on training such chaplain has received (if any) in various gatekeeper programs? Does the assessment of chaplains vary between those who have ASIST training, and those who do not? Are those chaplains trained in ASIST conducting interventions with suicidal Soldiers or only referring these soldiers to medical providers? If chaplains conducted interventions with

[18] U.S. Department of the Army, *Army Health Promotion, Army Regulation 600-63*, paragraph 4-7h.

suicidal soldiers, do these chaplains employ the ASIST framework skills? More specifically, are the chaplains trained in ASIST intervening with the ASIST model or another gatekeeper model? Do those ASIST trained chaplains feel more comfortable dealing with suicide interventions than those untrained in ASIST? The project director is a master trainer in ASIST, meaning a teacher has taught the curriculum over ten times, safeTALK, and QPR instructor. Therefore, the untrained group will receive training from the project director and evaluate him.

The author's hypothesis is threefold: 1) Participants in the interviews (ASIST and non-trained chaplains) will reveal the overlooked impact suicidality has on chaplains (primary outcome); 2) Participants trained in gatekeeper trainings in the qualitative group will dramatically improve the knowledge, attitudes, skills, and behaviors to offer support to soldiers and family members compared to those untrained (secondary outcome); 3) Participants in the head-to-head gatekeeper comparison will evaluate the effectiveness of gatekeeper trainings, cost-benefits of the different models, and illuminate via a phenomenological approach any impact of suicidality on chaplains (tertiary outcome).

The final outcome of the study will aid a gap in the suicide literature by providing head-to-head comparisons of gatekeeper programs.[19] These trainings will be an in-person Question, Persuade, and Refer (QPR) training and safeTALK training. The project director is untrained in both of these models. The benefit of training on both of these models will highlight not only nuances between them, but various time benefits to

[19] See Thomas Joiner's white paper on gaps in literature, recommendations, and best practices. Thomas Joiner, "Information Paper: Military Suicide Research Consortium (MSRC) Summary of Suicide Prevention Best Practices," Military Suicide Research Consortium, July 18, 2012, accessed on 4 March, 2020, https://msrc.fsu.edu/sites/msrc.fsu.edu/files//Suicide_Prevention_Best_Practices.pdf.

training - in other words, participating in training for multiple competing models of suicide intervention strategies can assist in evaluating the effectiveness and cost/benefits of the varied models. By drawing parallels between the training through a qualitative approach, the project director hopes to increase chaplains' knowledge about suicide, and self-efficacy to intervene, and to foster non-judgmental relations, ideally by drawing on multiple models and frameworks for addressing the issue.

Project Goals

The goals of this project serve as gateways for an achievable project within the realm of the Chaplain Corp and suicide training. The rationale for using ASIST is not only feasible but is a testable hypothesis. Each of the objectives fosters a healthy action-reflection model for identifying, improving, and implementing future changes in the chaplaincy.

The primary goal is to determine the effectiveness of chaplain intervention skills in suicide. Completing this objective brings into focus the role of the chaplain during suicidality. Does their role change in suicide prevention depending on the type of unit? Moreover, are the chaplains referring afterward to medical follow-up and appropriate on-going care?[20] These chaplains will come from 25th Infantry Division during the project. The control group will consist of 5 ASIST trained chaplains and there are a group of 5 untrained chaplains. All participants volunteered to be in the project at the monthly Unit Ministry Team training with approval from the garrison chaplain. A randomized cohort

[20] Ramchand, Ayer, Geyer, and Kofner, "Army Chaplains' Perceptions about Identifying, Intervening, and Referring Soldiers at Risk of Suicide," *45*–47; Rajeev Ramchand, Lynsay Ayer, Lily Geyer, & Aaron Kofner, "Factors that Influence Chaplains' Suicide Intervention Behavior in the Army," *Suicide and Life-threatening Behavior*, 46, (2016): 35-43.

of chaplains, who have taken ASIST, will be interviewed. Then, the group without the ASIST training will help compare the effectiveness of ASIST for chaplains who have done a suicide intervention. By implementing a pre/post-test and conducting interviews, the project director will measure the skills and management of chaplains' suicide interventions. The format will be face-to-face interviews. The study should include enough data and reveal their behaviors to notice a difference.

A second objective will examine the efficacy of the chaplains at Schofield Barracks. With permission, the project director will replicate previous studies done on chaplains' perceptions and skills related to suicide intervention. Research has shown that four factors affect intervention behavior: (1) knowledge about suicide, (2) beliefs and attitudes about prevention, (3) reluctance/stigma, and (4) self-efficacy to intervene.[21] This project will reexamine these four indicators. This process, combined with evidence-based trainings, should make chaplains more effective pastoral counselors to soldiers and family members in the suicide intervention context.

A final objective involves deepening the chaplains' pastoral identity. Over the past few years, the Chaplain Corps has focused on two primary lines of effort: Deepen Chaplain Identity and Deepen Religious Affairs Specialist/NCO Identity.[22] While Chaplains demonstrated a growth of preparedness and confidence in non-pastoral areas, their own pastoral identity diminished.[23] Meeting this goal of deepening pastoral identity requires knowledge of definitions, phases, strategies, and models of suicide available to

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[21] C. Burnette, R. Ramchand, and L. Ayer, *Gatekeeper Training for Suicide Prevention,* 4.

[22] See LTC (CH), Doug Ball, "Strengthening Pastoral Identity in Army Chaplains: The Effect of Spiritual Mentoring on Mentors as a Way to Develop Pastoral Identity," (Thesis, Denver Seminary, 2019), 156.

[23] Ibid., 9.

chaplains. It also requires focusing on an ancillary function of their job, yet critical to saving the lives of Soldiers under their pastoral care.

Limitations

One limitation of the project is that the duration is limited to twelve weeks. After the project approval, five volunteer chaplains each, ASIST trained and non-trained, will meet with the project director for interviews. The interviews will discuss how a suicide affected them and the impact of suicidality for each individual chaplain. Due to the limited number of chaplains, it is possible the impact of suicidality will not be as high as other higher ranking chaplains with more experience. Each interview conducted over six weeks also assesses chaplains pastoral counseling when talking with a suicidal soldier. Both pre-project and post-project forms will be implemented to measure the results of the project alongside evidence-based practices at the conclusion. While the project is only twelve weeks in duration, chaplains' experiences over the breadth of their careers will be measured and assessed.

A second limitation of the project involves only interviewing and training with chaplains. While it would be worthwhile for the Army to assess their investment financially of soldiers trained in ASIST, first-hand reports will only come from chaplains. Due to the limited scope of the project, the participants were limited to those chaplains who expressed interest in suicide training, completed the ASIST workshop for the control group, and had availability in their schedule. Furthermore, the evidence of changes without a longer duration of time may not show the accurate investment of the training, especially without follow-ups.

Another limitation of the project would be highlighting the averted attempts of

suicide due to gatekeeper interventions. While potentially demonstrated in a bigger sampling of interviews with chaplains, the amount of interviews done may not show which gatekeeper training programs are averting suicides. The hope is that this project will lead to fewer deaths of saoldiers by suicide. Nevertheless, some assessment of chaplain's abilities to intervene will meet the project director's intent.

The biggest hurdle of the project is the coronavirus (COVID-19) restrictions in the military environment. The virus not only delayed the project, but forced some different training than originally planned. Initially, the project sample size planned for the surveys to include a quantitative group that went out to hundreds of chaplains. While the project was an ambitious overall undertaking, COVID-19 and unforeseeable delays attempting to learn and gain approval through the proper Army channels required the project director to scale back the scope. Efforts will be made to the project director's leadership to show the project falls within proper guidelines. Time constraints were also required for implementing more emails, adjusting training dates, and online training rather than face-to-face due to the coronavirus outbreak.

Literature Review

Documentation detailing the assessment of suicide's epidemiology in the Army is robust.[24] How the chaplaincy, gatekeeper training, and religion functions in the Army to best care for soldiers, however, has been a scantly researched topic. This literature review will cover relevant suicide literature related to chaplaincy in the Army, the gatekeeper programs, and pastoral resources. Furthermore, these nested concentric resources assist chaplains, soldiers, and others to discover presenting issues for soldiers revolving around

[24] Each year the Department of Defense in the DODSER report documents the details surrounding suicides.

suicide. The conclusion of the literature review also serves as a beneficial starting point for further information regarding suicidal theories, evidence-based practices, and pastoral resources.

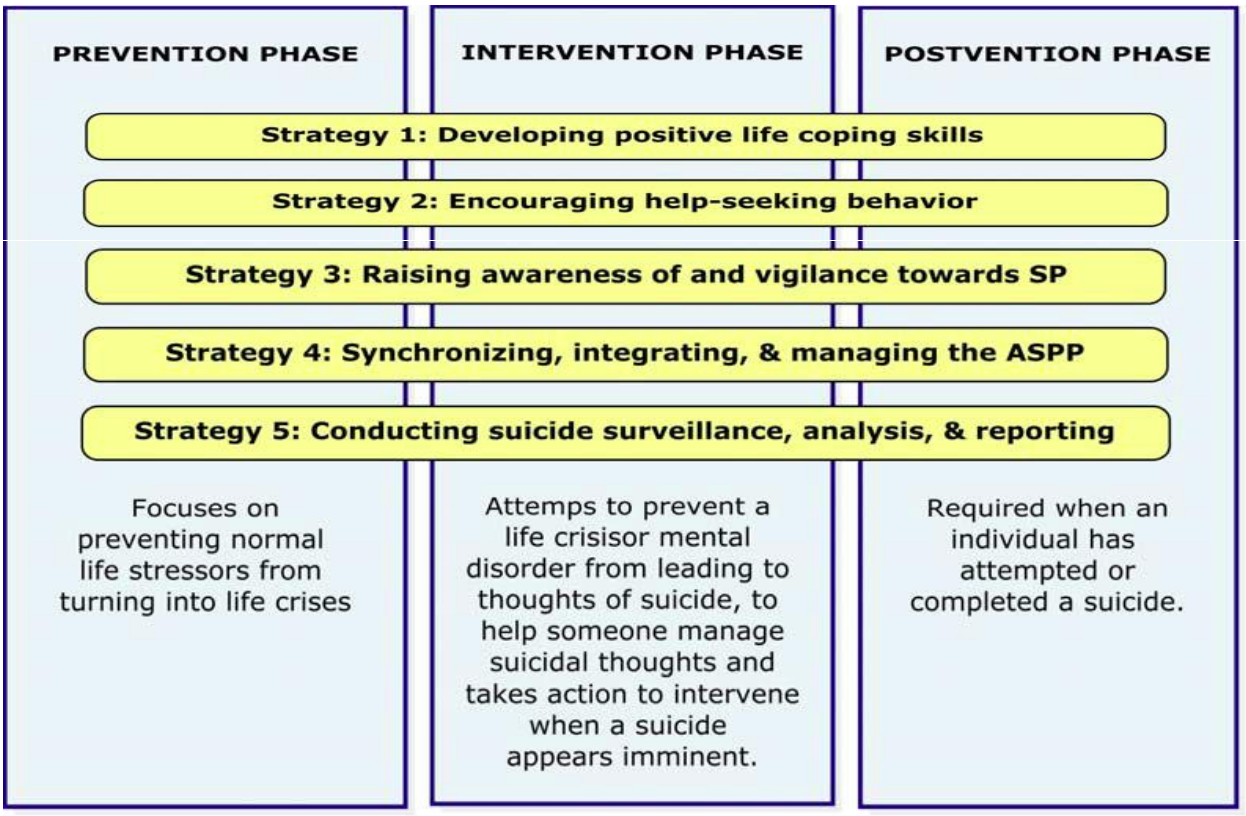
Suicide Literature in the Army

How does the Army fight the internal enemy of suicide? Primarily, the Army utilizes a framework that defines three phases of suicide and focuses on specific interventions and risk reduction steps within each phase of the framework.[25] The Defense Strategy for Suicide Prevention framework lays out 13 Goals and 60 Objectives useful for the project. While the 2015 Defense Strategy for Suicide Prevention (DSSP) is a newer update to what the DoD is doing to prevent suicide. This framework offers a basic understanding of suicide in order to help others be a bridge between community and soldiers, friends, and families of those affected by suicide. Numerous studies show how suicide creates a wedge between the victims and an established social network.[26] The figure below depicts the Army regulation policy on suicide.

TABLE 1 – ARMY SUICIDE STRATEGIES

[25] Bell, *A Human Systems Integration Analysis of the Army Suicide Prevention Program*, 27. This figure is derived from AR 600-63. Department of Defense, "Department of Defense Strategy for Suicide Prevention," Defense Strategy for Suicide Prevention, Accessed on June 2020, at https://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF.

[26] John R. Jordan and John L. McIntosh, *Grief After Suicide: Understanding the Consequences and Caring for the Survivors* (New York, NY: Routledge, 2011) 31-35, 128.



Source: AR 600-63.

The research in *The War Within* covers thoroughly how the Army deals with suicide by examining: the suicide epidemic, best suicide-prevention programs, and activities in the DoD, and recommendations. The researchers implemented 14 recommendations after studying the epidemic of suicide across the DoD, many of which included specific references to chaplains. The results showed two related to this project. First, recommendation two suggests that existing Army suicide programs implement pre-tests and post-tests alongside the training.[27] Additionally, recommendation three proposes training that teaches self-care and raises awareness about how to ask for help.[28] This recommendation directly implicates one of the goals of this research project, namely, to

[27] Ramchand, *The War Within: Preventing Suicide in the U.S. Military*, 110.

[28] Ibid., 111.

find whether there is a contrast in efficacy between those chaplains who are ASIST trained and those who are not trained?

Two DoD written projects on suicide contribute to the discussion. The first is a thesis on *A Human Systems Integration Analysis of the Army Suicide Prevention Program.* Bridgette Bell's thesis addresses current needs that are still looming. For example, she argues that the Army needs to "make ASIST and MRT certification more effective and relevant."[29] Bell also considers how impactful Army chaplains are in preventing suicide. Her findings examine the Department of Defense Suicide Event Reports (DoDSER) from 2008—2011. She points out the chaplain was the resource talked with the most each year by persons at risk.[30] Despite this, Bell believes that the utilization of chaplains was still too low to address the problem adequately, "However, the low use of chaplain services prior to a suicide event was a concerning statistic. Overall, better visibility of which resources are used and actually succeed in preventing a suicide event would increase accountability of the usefulness of the system."[31] While the statistics no longer tell how many soldiers wanted to speak to a chaplain after 90 days, it does raise many questions.[32] The asterisk in Table 2 refers to unknown data no longer published. This data would be helpful in the future as the data collectors talk with suicide prevention program managers.

TABLE 2 – ARMY SUICIDE DEATHS AND ATTEMPTS

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[29] Bell, *A Human Systems Integration Analysis of the Army Suicide Prevention Program,* 37.

[30] Ibid., 37.

[31] Ibid.

[32] Is this data accurately reporting data from chaplains? Do chaplains not say because it is confidential? How much depth did the data gatherer go into accessing whether they talked to a chaplain?

Suicide Numbers	2012	2013	2014	2015	2016	2017
Suicides	155 (2)	115 (0)	128 (0)	143 (0)	140 (2)	134 (1)
Suicide Attempt	365 (35)	491 (3)	514 (1)	478 (1)	586 (2)	512 (1)
Self-Harm (w/o intent to die)	173 (14)	231 (6)	*	*	*	*
Ideation Only	836 (76)	989 (21)	*	*	*	*

Source: DoDSER Reports

Similarly, another master's thesis at the Army War College examines spirituality in the Army system. This resource, under the title *The Army's Use of Spirituality in the Prevention of Suicide,* examines the spiritual lines of effort in place still today.[33] Lieutenant Colonel Joseph V. Ignazzitto II considers how religion impacts the mission and argues for increasing the role of chaplains, and faith-related support services in general, in the battle against suicide. He asserts that "It is time for commanders to frame chaplain-led worship, religious counseling services, and pastoral support *as part of the Army's suicide prevention programs*."[34] He grounds this by affirming how the study demonstrates religious beliefs translated into higher levels of resiliency, which can have an insulating effect against risk factors for suicide. He then adds the recommendations from the National Defense University study, the Army's Excellence in Character, Ethics, and Leadership study (EXCEL).[35]

[33] LTC Joseph V. Ignazzitto II, *The Army's Use of Spirituality in the Prevention of Suicide,* Master's Thesis (Carlisle, PA.: Army War College, 2013).

[34] Ignazzitto II, *The Army's Use of Spirituality in the Prevention of Suicide,* 21. *Italics original.*

[35] Franklin Eric Wester, "*Soldier Spirituality in a Combat Zone: Preliminary Findings About Correlations with Ethics and Resiliency*," in Fort Leavenworth Ethics Symposium : Exploring The Professional Military Ethic : Symposium Report, eds. Mark H. Wiggins and Larry Dabeck (Leavenworth, KS: CGSC Foundation Press, 2011), 285-286. Of the original 2,572 surveys issued, 1,366 were returned

Overall, as it relates to the Army chaplaincy, it is the DSSP strategy to offer new evidence-based training to chaplains.[36] This step should give chaplains a more prominent role in assisting in suicide prevention, intervention, and postvention. The Defense Suicide Prevention Office (DSPO) is engaging in measurable, strategic efforts and initiatives in five ways: Data Surveillance & Analysis, Research & Program Evaluation, Plans & Policy Oversight, Outreach, and Training Oversight.[37] Chaplains should interact with these lines of effort to maintain unit readiness regularly.

Suicide Literature on Gatekeeper Programs

In the domain of suicide prevention and intervention, the literature shows that numerous lines of effort are responsible for preventing suicide in the Army. Overall, the Army postulates how important it is for suicide prevention to be a grassroots movement. The "battle buddy" system is about "soldiers taking care of soldiers."[38] Under the auspices of the Suicide Prevention Program Managers and respective unit delegates, gatekeepers teach suicide prevention and intervention currently. The gatekeepers are generally any soldiers trained on the two-day ASIST monthly training.[39] Soldiers trained

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and 1,236 contain valid responses. The recommendations are: 1) Acknowledge the value and positive impact of religious and spiritual activities on ethical behavior and resilience; 2) Promote soldiers' participation in spiritual activities as a means of moral development within the limitations of regulations (Although this research was not structured to demonstrate a clear causal relationship, there are correlations which imply influence); 3) Ensure soldiers have opportunity to practice their faith; 4) Provide adequate resources (funding, time on the training schedule) to unit chaplains to offer spiritual fitness training and activities.

[36] Department of Defense, "Department of Defense Strategy for Suicide Prevention," Defense Strategy for Suicide Prevention, Accessed on June 2020, at https://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF

[37] Ibid.

[38] Ramchand, *The War Within: Suicide Prevention in the U.S. Military*, 63.

[39] Ibid., 107.

in this fashion are currently considered the suicide prevention gatekeepers within the Army, and often utilize ASIST on a monthly basis. While no current literature considers the effectiveness of ASIST in the Army, Nikki Elston's civilian study examines the perception of counselors in training (CIT) in their suicide prevention role, which has significant similarities to (and also some differences from) a chaplain's role in suicide prevention. The project director discovered Elston's dissertation as he was writing along a similar vein for chaplains. Elston's study was the first to examine the transferability of ASIST concepts and strategies for CITs with suicidal clients. Her work on the effectiveness of ASIST with CITs, further demonstrates research on how ASIST increases "comfort, competence, and confidence" when responding to a suicidal individual on the phone or in person.[40]

Chaplaincy and Pastoral Resources

Do chaplains demonstrate effectiveness in reducing suicide risk? Would the culture of the Army even accept the possibility of such efficacy? What relevance, if any, does the Bible and theology have concerning suicide prevention? How do religion and spirituality help or hurt in the aftermath of a suicide? Is suicide, and its prevention, an issue that is "in the chaplain's lane"? If so, what resources do they need to be familiar with in order to address the issue successfully? How are chaplains assessing suicidality

[40] Nikki C. Elston, *Evaluating Applied Suicide Intervention Skills Training with Counselors-in-Training: Enhancing Sensitivity, Awareness, and Intervention Skills with Suicidal and Non-Suicidal Clients*, (Dissertation Georgia State University: 2018), 55. See also S. Gould, W. Cross, A. Pisani, J. L Munfalsh, and M. Kleinman, "Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline," *Suicide and Life-threatening Behavior,* 43.6, (2013): 676-91; L. Shannonhouse, Y. W. D. Lin, K. Shaw, and M. Porter, "Suicide Intervention Training for K-12: A quasi-experimental study on ASIST," *Journal of Counseling and Development*, 95.1, (2017): 3-13. L. Shannonhouse, Y. W. D. Lin, K. Shaw, and M. Porter, "Suicide intervention Training for College Staff: Program Evaluation and Intervention Skill Measurement, *Journal of American College Health*, 65.7, (2017): 450-56.

(screening devices, inventories, evidence-based practices, scales, interviews)? These questions underlie some of the massive ramifications for the Chaplain Corps concerning suicide prevention. Due to the stigmas accompanying suicidal ideation and those bereaved by a suicide loss, the chaplain has the opportunity to reduce psychological distress for soldiers, family members, and friends. Furthermore, chaplains can improve post-traumatic growth.[41] However, has this happened currently?

A growing amount of data communicates the influence of religion and chaplaincy on suicide and suicide prevention. The results of a research study conducted during a deployment indicated chaplains are "somewhat" sought out for "mental health issues" by soldiers. Even though up to 55% of soldiers regularly visit the chaplain and the research "somewhat" demonstrates that soldiers consider religious support helpful with respect to behavioral health issues, the institutional Army has stepped back from encouraging commanders to embrace religious support as part of suicide prevention.[42] This step back has been problematic because further research has shown how religious support in regards to suicide can be a helpful protective factor.[43] These studies demonstrate more than a nominal understanding and influence. This influence also should be considered from the foxhole of the soldier, which chaplains possess.

The subject of the chaplaincy's role in suicide prevention contains little research.

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[41] Harold Koenig, Donna Ames, and Michelle Pearce, *Religion and Recovery from PTSD* (Philadelphia, PA: Jessica Kingsley Publishers, 2019), 172-90.

[42] Dahan, et al., "The Role of Military Chaplains in Mental Health Care of the Deployed Service Member," 1030.

[43] Robin E. Gearing and Dana Lizardi, "Religion and Suicide," *Journal of Religion and Health* 48, no. 3 (September 2009): 332-341; Harold G. Koenig, "Religion and Medicine II: Religion, Mental Health, and Related Behaviors," *International Journal of Psychiatry and Medicine*, 31.1, (2001): 98.

One of the few journal articles on the topic is "Factors that Influence Chaplains' Suicide Intervention Behavior in the Army." It focuses on the chaplaincy and religious affairs specialists' role specifically. Relying on self-reported data, the journal notes more hours of training correlate with higher ratings of self-efficacy, likelihood to intervene, and frequency to intervene alongside reducing stigma.[44] It was also the case that negative stigma related to a lack of intervention behavior. This makes the attitudes and caregiver belief section of ASIST even more relevant to the UMT. The authors made an additional connection between higher ranking chaplains and increased efficacy. Since higher-ranking chaplains tend to have fewer soldiers in units and further distance from day to day interactions with soldiers than line chaplains, this insight further strengthens the need for mentorship in the Chaplain Corps. Mentorship could raise the self-efficacy of lower-ranking line chaplains and provide them with resources to better equip them for the active roles and more frequent interactions they will have with soldiers as a result of their positions.

Another intriguing work, *ACT for Clergy and Pastoral Counselors,* outlines in a chapter the military chaplain's role in using Acceptance and Commitment Therapy (ACT) and recommendations for further research.[45] ACT offers military chaplains an excellent entry point to an evidence-based modality for suicide, resiliency, and moral

[44] Ramchand, et al., "Factors that Influence Chaplains' Suicide Intervention Behavior in the Army," 35-43.

[45] Jason A. Nieuwsma, Robyn D. Walser, and Steven C. Hayes, *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care* (Oakland, CA: Context Press/New Harbinger Publications, 2016).

injury alongside their deep spiritual tradition.[46] Instead of escaping from the pain, a term called "experiential avoidance" in ACT, an invitation to "hold and move" occurs for the client and the counselor. The former "holds" the experience by accepting the present moment. The latter listens for values clarification, assisting the client to accept what has come, and helping to guide the client to move forward with their values toward flourishing. Chaplains should look with intrigue for the growing literature of publications in relation to ACT and suicide prevention.[47]

Several pastoral resources undergirded the project director's spiritual journey. In Karen Mason's thumb-nail sketch, *Preventing Suicide: A Handbook for Pastors, Chaplains and Pastoral Counselors*, Mason offers research well-grounded in numerous fields of study.[48] With over 850 footnotes, this book is significant because first, it reveals the positive advances of the integration of psychology and theology. In the counseling field, far too often, Christian counselors treat psychology as a hex. Mason points out significant cultural findings on suicide, which will either shatter biases or encourage pastoral caregivers to explore further. This book should be commended to any pastor or chaplain looking for answers to preventing suicide. Second, Mason's work provides a comprehensive starting point for those looking to offer help to the hurting. Soldiers need

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[46] Jason A. Nieuwsma and William C. Cantrell, "ACT for Military Chaplains," in *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care* (Oakland, CA: Context Press/New Harbinger Publications, 2016), 247-62.

[47] Renée Bazley and Kenneth Pakenham, "Suicide Prevention Training for Christian Faith-Based Organizations Using Acceptance and Commitment Therapy: A Pilot Controlled Trial of The HOLLY Program, *Journal of Contextual Behavioral Science*, 11, (2019),:6–14; S.M. Barnes, G.P. Smith, L.L. Monteith, H.R. Gerber-Nazanin, and H. Bahraini, "ACT for Life: Using Acceptance and Commitment Therapy to Understand and Prevent Suicide" in *Handbook of Suicidal Behaviour,* ed. Updesh Kumar, (Singapore, SG: Springer, 2017), 485-504.

[48] Karen Mason, *Preventing Suicide: A Handbook for Pastors, Chaplains, and Pastoral Counselors* (Downers Grove, IL: IVP Books, 2014).

shared information on suicide at their fingertips. Mason identifies issues around suicide, the impact of suicide, and how the pastoral counselor's role as a leader begins to take shape in preventing suicide.

The chief theologian studied during the project is Miroslav Volf. Professor of Theology and Director at the Yale Center for Faith and Culture, Volf centers on God and human flourishing.[49] Volf's premise will be examined below and is eloquent in its simplicity – "To say 'God is love' is to imply a whole vision of human flourishing, a way of life."[50] It is this interplay between proper conceptual theology and proper lived out theology that makes a difference "for the life of the world." This dynamic of being and doing is below in the book of Job and 1 John. Although Volf does not explicitly address suicide, his work connects to suicidal theories via the question, "Why is a life worth living?"

Theories on Suicide

In John and Rita Sommers-Flanagan book *Suicide Assessment and Treatment Planning: A Strengths-Based Approach*, they describe and contrast their social constructionist, *strengths-based* orientation alongside Craig J. Bryan and David M. Rudd's *functional model.*[51] The former elucidates how client problems "are not necessarily within the self but instead are viewed as constructed by individuals and social

[49] See Matthew Croasmun, "Miroslav Volf and the Theology of the Good Life," in *Envisioning the Good Life: Essays on God, Christ, and Human Flourishing in Honor of Miroslav Volf*, eds. Matthew Croasmun, Zoran Grozdamo, and Ryan McAnnaly-Linz, (Eugene, OR: Wipf and Stock Publishers, 2017), 19. Croasmun explains Volf's trajectory from doctoral student under Jürgen Moltmann to his present work on flourishing at Yale University.

[50] Ibid., 5.

[51] John Sommers-Flanagan and Rita Sommers-Flanagan, *Suicide Assessment and Treatment Planning: A Strengths-Based Approach* (Alexandria, VA.: American Counseling Association, 2021), 16.

groups."[52] This approach utilizes depathologizing, externalizing, and strengths from the client to garner distance from suicidality. The latter drawing from an ACT framework,[53] for the *functional model* "suicidal thoughts and behaviors are conceptualized as the outcome of underlying psychopathological processes that specifically precipitate and maintain suicidal thoughts and behaviors over time."[54] Differentiating between these two models underlying many evidence-based practices are critical to think through theoretically. Whether a caregiver utilizes a theory or model, the study director affirms David Jobes' sentiment that "all good clinical outcomes are defined by the quality of the therapeutic alliance."[55]

Adapting from evidence-based practices and public health prevention models, the DoD integrates approaches toward suicide based on three foundational theories: Institute of Medicine (IOM) Model, Interpersonal Theory of Suicide (ITS), and Ecological Systems Model.[56] The Ecological Systems Model reveals that suicide intertwines various fields and factors - biology, sociology, economics, culture, and psychology - into a

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[52] Craig J. Bryan and David M. Rudd, *Brief Cognitive-Behavioral Therapy for Suicide Prevention* (New York, NY.: Guilford Press, 2018).

[53] S. C. Hayes,, K. W. Wilson, E. V. Gifford, V. M. Follette,, and K. Strosahl, "Experiential Avoidance and Behavioral Disorders: A Functional Dimensional Approach to Diagnosis and Treatment. *Journal of Consulting and Clinical Psychology, 64*.6, (1996): 1152-1168.

[54] Bryan and Rudd, 4.

[55] David A. Jobes, *Managing Suicide Risk: A Collaborative Approach*, 2nd Ed. (New York, NY.: Guilford Press, 2016), 4. It is worth noting the Collaborative Assessment and Management of Suicidality (CAMS) approach is a leading theory possessing well documented research, such as the meta-analysis J.K. Swift, T.T. Wilson, & E.A. Penix, "The Effectiveness of the Collaborative Assessment and Management of Suicidality (CAMS) Compared to Alternative Treatment Conditions: A Meta-Analysis, *Suicide and Life-Threatening Behaviors*," (2021), 1-15.

[56] Department of Defense, "Department of Defense Strategy for Suicide Prevention," Defense Strategy for Suicide Prevention, Accessed on June 2020, at https://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF.

complex operation on the individual, community, and social levels. The IOM is the three phases of suicide prevention, intervention, and postvention. Finally, the ITS model depicts that of Thomas Joiner, Professor at Florida State University and leading expert on suicide. He postulates that suicide occurs because of "thwarted belongingness," and "perceived burdensomeness," alongside the "acquired capability," providing the highest risk factors for suicide.[57] Joiner's work builds on two other previous suicidologists.

When one begins to experience intolerable pain, according to the father of suicidology Edwin Shneidman, individuals engage in suicidal behavior, which he called "psychache." Shneidman posits that "Suicide happens when the psychache is deemed unbearable, and death is actively sought to stop the unceasing flow of painful consciousness."[58] Shneidman's research emphasizes the critical risk factors of hopelessness, worthlessness, and shame. The question remains, however, why seemingly happy people, such as celebrities, die by suicide.[59] While Shneidman contains some shortcomings, his work on postvention still makes an impact on how clinicians deal with those grieving a suicide today. In the seminal work on postvention, Shneidman writes, "The person who commits suicide puts their psychological skeletons in the survivors' emotional closet."[60] In the aftermath of suicide, the fog of suicide tears apart one's home. As one begins to frame the topic of suicidality in terms of "belongingness," or in terms of

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[57] Thomas Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2005).

[58] Edwin Shneidman, *The Suicidal Mind* (Oxford, UK.: Oxford University Press, 1996), 13.

[59] Joiner, *Why People Die by Suicide*, 39.

[60] Edwin Shneidman, *Survivors of Suicide,* ed. Albert C. Cain, 2 vols. (Springfield, IL: Charles C. Thomas Pub Ltd, 1972), x.

living in community, it immediately becomes evident in the literature how vital a chaplain's role is in suicidality in the military.

In light of the contributions of a psychologist Roy Baumeister's theory to the field of suicide, the project director also devoted attention to his readings. Of particular importance to the notion of suicide as an "escape from self," first, it is essential to note the difference between the expectations and actuality. By employing self-awareness theorists, Baumeister extrapolates why individuals initially think of suicide. He concludes his journal by advocating, "It is apparently the size of the discrepancy between standards and perceived reality that is crucial for initiating the suicidal process."[61] Baumeister believes this leads to negative thoughts and aversive self-awareness, which Baumeister calls "cognitive deconstruction."[62] Those suffering from suicidal ideations engage in battles that never conclude the way they would prefer such battles to end. One aspect of "escaping from the self" into suicide is experiencing desires that have been utterly and irretrievably denied them. If the self is deconstructed, the individual becomes numb to life and more suicidal. These four presuppositions work together to make up "the escape from self." Baumeister explains elsewhere, "It is important to remember that there is something of a difference between escaping *to* and escaping *from*."[63] Any discussion of

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[61] Roy F. Baumeister, "Suicide as Escape from Self," *Psychological Review, 97*(1), 1990: 90–113, Accessed at https://doi.org/10.1037/0033-295X.97.1.90 on 18 January, 2020.

[62] Ibid., 91. It should be stated as well that numerous studies demonstrate the effectiveness of mindfulness and self-awareness on decreasing suicide and improving resiliency. See Marina A. Khusid and Meena Vythilingam, "The Emerging Role of Mindfulness Meditation as Effective Self-Management Strategy, Part 1: Clinical Implications for Depression, Post-Traumatic Stress Disorder, and Anxiety," *Military Medicine,* 181.9, (2016): 961.

[63] Roy Baumeister, *Escape from Self: Alcoholism, Spirituality, Masochism, and other Flights from Burden of Selfhood* (New York, NY: Basic Books, 1991), 57.

suicide, then, must be pursued against the larger backdrop of what purposes and desires one should turn to and from.

In this consideration, Paul Tillich writes from a unique Christian perspective on suicide. The reason for the New Testament passage selection below, 1 John 3:16-20, comes after reading Tillich's classic book *Courage to Be,* a book that appends the ontological, spiritual, and moral argument against suicide advocated in this paper. The book begins codifying centuries of writings from Plato to Nietzsche on courage. In his methodology, then, Tillich approaches courage as both an ethical act and an ontological state. Courage is "the ethical act in which man affirms his own being in spite of those elements of his existence which conflict with his essential self-affirmation."[64] Affirmation of the self, Tillich believes, constructs courage to be despite the anxiety of non-being, namely death. As a result, Tillich claims that anxiety arises from embracing the polemic battle between the interdependent relationship of "being" and "non-being."[65] The most salient and concrete feature of Tillich's argument, then, is the essential, ontological aspect of anxiety to the human condition.

Tillich believes "ultimate anxiety" manifests itself in three ways: ontological anxiety of fate and death, spiritual anxiety of emptiness and meaninglessness, and moral anxiety of guilt and condemnation.[66] Tillich rightly asserts that the inherent nature of death results in a "horizon" where fate has to toil. Charles Taylor, professor emeritus of psychology at McGill University, similarly notes, "The agent seeking significance in life,

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[64] Paul Tillich, *The Courage to Be* (Grand Rapids, MI: Yale University Press, 1952), 3.

[65] Tillich, 34.

[66] Ibid., 41.

trying to define him or herself meaningfully, has to exist in a horizon of important questions."[67] "These horizons" point to the lack of control, the limits of being, and the deeper purposes of life behind tragic events that demand a spiritual response.

The absurdity of life without God: a life void of meaning, value, and beauty acts as a threat to "non-being." Emptiness and meaninglessness express themselves out of a "loss of a spiritual center."[68] Tillich exposes the dissonance that exists between spirituality and being when the spiritual life is negated.[69] Fulfillment is sought as an end itself rather than the setting up of the means to an end, resulting in despair and doubt. The elusive kinds of striving in life for a purpose only then welcome threats to the "whole being."

Finally, Tillich asserts his thoughts on non-being's final threat: moral self-affirmation. Ultimately, the self has to answer to the self, thus making oneself the judge and accuser of whether an action is good or bad.[70] Tillich believes that a malady of moral self-awareness is present in every moment, every action one does, and "can drive us toward complete self-rejection, to the feeling of being condemned – not to an external punishment but to despair of having lost our destiny."[71] True self-affirmation vanishes, then, when an individual fails to reckon the interdependence of the moral, spiritual, and ontological aspects of the self.

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[67] Charles Taylor, *The Ethics of Authenticity* (Cambridge, MA.: Harvard University Press, 1991), 41.

[68] Tillich, 47.

[69] Ibid., 51.

[70] Ibid., 52.

[71] Ibid., 53.

The point of this description of Tillich is to show the underlying assumptions of why Tillich believes an individual chooses suicide. There are all kinds of compelling evidence and support for the suicidal theories above, not least of which are advances of biosocial, psychosocial, and other research on the human condition. However, Tillich proposes a phenomenon overlooked and severely underestimated in the discussion of suicide: how does one have the *courage to be*? Another way to come at this is to acknowledge, like Tillich, that "Despair is an ultimate or 'boundary-line' situation. One cannot go beyond it. Its nature is indicated in the etymology of the word despair: without hope. It appears inconceivable to see into future goals or dreams. Non-being is felt as absolutely victorious."[72] Suicide results in a conscious choice of non-being, "the courage not to be."

Whether one is conscious of it or not, *a life worth living* is as Tillich demonstrates courage to be oneself, as a part of a community, and to accept acceptance (transcendence). At the heart of this, courage requires grace.[73] Therefore, the spiritual dimension of the flourishing life accounts for more than abstract theological jargon, but as will be shown, gives concrete expressions to oneself and others as a part of being courageous. This love presupposes incarnational love. As Tillich writes:

> "Courage needs the power of being, a power transcending the non-being which is experienced in the anxiety of fate and death, which is present in the anxiety of emptiness and meaninglessness, which is effective in the anxiety of guilt and condemnation. The courage which takes this threefold anxiety into itself must be rooted in a power of being that is greater than power of being oneself and the power of one's world."[74]

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[72] Ibid., 54.

[73] Ibid., 85.

[74] Ibid., 155.

Suicide deaths are often at the nexus of an anemic awareness of oneself, anomic failure to participate in a genuine community, and a poor attachment to God. In simplistic terms, suicide is the experiential process and logical outcome when Solders and individuals seek to continually avoid unwanted emotional experiences *within* themselves and *between* God and others.[75] Attachment science and the way humans are created to connect emotionally would benefit from a chaplain who could help soldiers navigate their attachment needs and experiences.[76]

Concluding Thoughts

Suicide is a multidimensional malaise impacting military families.[77] At the nexus of the problem between soldiers and their families' trauma potentially lies chaplains. Avenues to consider in improving suicidality are "evaluating gatekeeper training" and providing "evidence on the quality of counseling offered by chaplains."[78] The subsequent analysis is not merely religious phenomenological experiences but a small light illuminating possibilities. Many soldiers live their lives on a dark ledge, which leaves them in a precarious position. While those soldiers can easily topple over the ledge into the dark abyss of suicide, alternatively, the faithful presence by a chaplain may be all the help the soldiers need to keep from falling over. The courage to be in that moment is the

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[75] A. L. Chapman, K. L., Gratz, & M. Z. Brown, "Solving the puzzle of deliberate self-harm: The experiential avoidance model," *Behavior Research and Therapy*, 44, (2006): 371–394. This experiential process and language of within and between concept is rooted in Susan M. Johnson, *Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individual, Couples, and Families* (New York, NY: Guilford Press, 2019), 28.

[76] Joan Kimball, "Deliberate Self-Harm: Integrating Emotion-Focused Therapy," *Journal Contemporary Psychotherapy*, 39, (2009): 197–202.

[77] Antoon A. Leenaars, "Suicide: A Multidimensional Malaise," *Suicide & Life-threatening Behavior*, 26, (1996): 221-36.

[78] Ramchand, *The War Within*, xxv-xxvii.

undertaking of this paper. As the Yale professor and poet Christian Wiman puts it, “I do not know how to come closer to God except by standing where a world is ending for one man.”[79] The first step closer for the author starts with a biblical rationale.

[79] Christian Wiman, *Hammer is the Prayer: Selected Poems* (New York: Ferrar, Starus and Giroux, 2016), 101.

BIBLICAL AND THEOLOGICAL REFLECTION

Life is worth living. In the discussion of suicide, the statement contains several preliminary presuppositions intersecting the sciences and theology. What is the purpose or the meaning of life? What grounds humanity's ontology: "experiential satisfaction,"[1] or something metaphysical? How does one have, as Tillich says, "the courage to be," in the face of life's uncertainty and pain? While space precludes the philosophical exploration of suicide[2] or the "good life,"[3] this section will capture overlooked aspects in the conversation: a biblical account of flourishing and suffering. This biblical account is capable of fostering a sense of belongingness, answering hopelessness, and addressing loneliness and shame. Thus, it directly and powerfully addresses the obstacles that can lead Soldiers to take their own lives. Any discussion of suicide or a *life worth living*, then, must be pursued from a framework and context of the greater purpose for which all creation exists.

In this section, the project director argues that competence in relation to the biblical care of a suicidal patient necessitates providing overarching principles for the flourishing life outlined in the Bible. By way of fulfilling this task, the organizing focus will be Miroslav Volf's tripartite concept of the flourishing life. Employing Volf's

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[1] Miroslav Volf, "Human Flourishing" in *Renewing the Evangelical Mission***,** ed. Richard Lints (Grand Rapids, MI: Eerdmans, 2013), 13-30. In Volf's essay, he presents the trajectory of human flourishing from Augustine to the current moment. Recently, the culture grounds the good life in "experiential satisfaction." He writes, "Ours is a culture of managed pursuit of pleasure, not a culture of sustained endeavor to lead the good life" **(**16).

[2] For a Christian response, see "Philosophical Considerations," in *Suicide: A Christian Response*, ed. Timothy J. Demy and Gary P. Stewart (Grand Rapids, MI: Kregel, 1998), 129-235. For a secular critique, consider Michael Cholbi, *Suicide: The Philosophical Dimensions* (Buffalo, NY: Broadview Press, 2011); Simon Critchley, *Notes on Suicide* (London, UK: Fitzcarraldo Editions, 2015).

[3] Miroslav Volf and Matthew Croasmun, *For the Life of the World: Theology that Makes a Difference* (Grand Rapids, MI: Baker Publishing Group, 2019), 11-16.

framework, the biblical-theological rationale contains two parts: (1) a narrative of the biblical account of Job, and (2) the New Testament text of 1 John 3:16-20 which provides a concrete expression of the "courage to be." This organizing focus directly shapes what the project director believes are critical factors for a chaplain to develop in his/her own life and in the lives of the soldiers entrusted to the chaplain in order to provide proper standards of care. Before considering each of these factors in more depth, it is now the task to present a perspective the project director believes better accounts for how to navigate the biblical data available in relation to *a life worth living*.

The Bible records only seven instances of suicide (Abimelech, Samson, King Saul, Saul's armor bearer, Ahithophel, Zimri, and Judas). While the Bible does not specifically comment on the self-termination of a human life, the Bible does address the highest good (*summum bonum*) of life, the flourishing life, and the practice of that form and content. Volf's proposal of the flourishing life has three components:

> *Life going well* refers to the "circumstantial" dimension of the flourishing life, to the desirable circumstances of life – be they natural (like fertile, uncontaminated land), social (like a just political order or a good reputation), or personal (like health and longevity). *Life led well* refers to the "agential" dimension of the flourishing life, to the good conduct of life – from right thoughts of the heart and right acts to right habits and virtues. *Life feeling as it should* is about the "affective" dimension of the flourishing life, about states of "happiness" (contentment, joy) and empathy. Each of the three features has its own integrity, but each is not like a leg of some "good-life-stool" bearing separately the weight. Instead, each is also tied to the others, both influencing them and being influenced by them. This, then, is what we mean by a vision of flourishing life.[4]

The interdependence of each component shapes and nourishes the good life. While Volf outlines the content of the good life, he also writes about how each of these together are part and parcel of various religions. In *Flourishing: Why We Need Religion in a*

[4] Volf, 16.

Globalized World, he avers, "Whatever else world religions might be, they are, at their heart, accounts of life worth living, of life being lived well, life going well, and life feeling good under the primacy of transcendence. Accounts of the good life are the most important gift world religions can give to the world."[5] Although various religions articulate different visions of the good life, one of the most countercultural, counter-intuitive aspects of Christianity is the idea that suffering can be a good thing.[6] From this perspective, a connection can be made between those who suffered, despaired of life, and did not succumb to suicide. This perspective has much to say in the life of a soldier, who is beset by trauma, suffering, anger, personality conflict, and anxiety as part of the job description.

In Matt 16:24, Jesus instructed his followers to emulate his example of suffering by denying themselves and taking up their own crosses. Far from promising a painless life, Jesus frequently warned his followers that they would experience pain, troubles, and persecution in this world (e.g., Jesus' farewell discourse in John 14-17). In this way, an understanding of biblical wisdom can expose soldiers to the certainty that their lives will include suffering, and provide them with strength to overcome it by illustrating that suffering is an inescapable part of life in general and of the Christian call specifically. This can be demonstrated in the life of Job.

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[5] Volf, *Flourishing: Why We Need Religion in a Globalized World* (Grand Rapids, MI: Yale University Press), 75.

[6] Cf. Rom 5:3-5, 8:28-29; 2 Cor 4:17-18; Jas 1:2-4. This is not that suffering is good in itself, but that our future oriented hope has inevitable implication for life in the present.

The Old Testament

Psychologists studying posttraumatic growth, ACT, and resiliency are discovering that the concept of self, or the agent, endows a soldier with the ability to be resilient in adversity.[7] In the aftermath of suffering, one's resiliency is tied to one's agency. How soldiers perceive, find meaning in, and adapt to the suffering is interrelated to their self-awareness. Soldiers who are able to perceive themselves as capable of meeting the challenge of their suffering, and who are able to find meaning in and adapt to it, are well-insulated against the risks of suicide and attuned towards living the "life well-lived." The Old Testament presents plentiful examples of life being led well, even in the midst of suffering. The apostle Paul remarks how these examples are "written for our instruction, so that by steadfastness and by the encouragement of the scriptures we might have hope" (Rom. 15:4, NRSV).[8]

These Old Testament narratives relate both to individuals desiring the escape *from* self, and escape *to* God. One such story used to support the premise of a life worth living in the Old Testament is the life of Job. The narrative's emphasis on the flourishing life is not only reasonable for the church and the chaplaincy in the military, but even demonstrates ways to grapple with suffering by being a "faithful presence" to the world.[9]

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[7] B. Litz, L. Lebowitz, M. Gray, and P. Nash, *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury* (New York: The Guilford Press, 2016); Jason A. Nieuwsma, Robyn D. Walser, and Steven C. Hayes, *ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care* (Oakland, CA: Context Press/New Harbinger Publications, 2016); Elizabeth Altmaier, *Promoting Positive Processes after Trauma* (Cambridge, MA: Elsevier, 2019).

[8] All translations of the Bible in this project are from the *New Revised Standard Version* (NRSV), unless otherwise stated.

[9] The term encapsulates how we should live present to God, each other, and ourselves from James Davidson Hunter, *To Change the World: The Irony, Tragedy, and the Possibility in the Late Modern World* (Oxford, UK: Oxford University Press, 2010).

Life Being Led Well

Job 1 describes the protagonist Job as a righteous, blameless man who "was the greatest of all the people of the east" (1:3). The "completeness of Job's world" emerges from the symbolic numbers of Job's children and livestock.[10] In verses 1 and 8, Job is evaluated by God as a blameless man who "fears God and turns away from evil." It is clear from Job's character and actions that his life is a *life being led well.* The sketch of a *life going well* is portrayed by his wealth, health, and family. Amid a conversation between the Satan and God, "the Accuser" makes God a proposition: test Job's faithfulness "for no reason" (2:3).[11] Job 1 carries on by outlining the narrative of Job's loss, including his property and children. By all accounts, this was the worst day of Job's life. It is tough to imagine a more challenging or trying test.

Despite the incredible difficulty of these events, Job worshipped, did not sin, and did not blame God (1:20-22). Furthermore, Job 2:3 reveals Job's *integrity,* as God explains to Satan: "He still persists in his integrity, although you incited me against him, to destroy him for no reason." Job's integrity leads him to suffer affliction further, this time more directly to himself. One writer notes of the boils suffered:

> The exact illness that seized Job is unknown, for boils is a nontechnical term. From Job's speeches some of the symptoms that he suffered included painful pruritus (2:8), disfiguration (2:12), purulent sores that scab over, crack and ooze (7:5), sores infected with worms (7:5), fever with chills (21:6, 30:30), darkening and shriveling of the skin (30:30), eyes red and swollen from weeping (16:16), diarrhea (30:27), sleeplessness and delirium (7:4, 13-14), choking (7:15), bad breath (19:17), emaciation (19:20), and excruciating pain throughout the body (30:17).[12]

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[10] Samuel Balentine, "Prologue: Life in the Garden of 'Uz'," in *Smyth & Helwys Bible Commentary,* vol.10, (Macon, GA: Smyth & Helwys Publishing, 2006), 47.

[11] For more insight into "the Satan" see Balentine, "Job," 52-53.

[12] John E. Hartley, "Prologue (1:1 – 2:13)," in *New International Commentary on the Old Testament,* vol. 18, (Grand Rapids, MI: Eerdmans, 1988), 82.

The plot continues as Job's wife suggests that he "curse God and die" (2:9). Many commentators suggest Job's wife urges him to die by suicide.[13] Job's response is silence for seven days (2:13). While Job was considered the "greatest" of all men (1:3), his grief is now "great" (2:13). Job's suffering gives readers a window into his soul, lamenting of life in chapter 3.

Life Going Well

Can life ever have the same vitality after enduring such hardships? Can one ever be reconciled to reality to a degree where one might say that they had joy and were living a good life? William Faulkner once quipped, "The central human drama is the heart in conflict with itself."[14] Job's agency is a testimony to a *life being led well.* However, in Job's poetic imagery in chapter 3, the circumstantial aspects of flourishing influence Job's perception on the self and God. When life stops going well, Job's life is in disarray and disorder with no rest.

Commentators on Job point out the parallels between Job 3 and Gen 1, between disorder/order and no rest/rest.[15] While the Gen 1:3 declares, "Let there be light" and Gen 2:2-3 ends the passage with the theme of rest, Job 3 begins with "Let that day be

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[13] The root word for "die," is an imperative which translation could also be "drop dead." Robert Alden, "Prologue (1:1 – 2:13)," in *New American Commentary*, vol. 11, (Nashville, TN: B&H Pub. 1994), 72. Lindsay Wilson, "Job and Moral Theology," in *Two Horizons Old Testament Commentary* (Grand Rapids, MI: Eerdmans, 2015), 365**;** Hartley, Job, 92.

[14] Quoted in Fleming Rutledge, *Help My Unbelief* (Grand Rapids, MI: Eerdmans, 2004), 40.

[15] Hartley, *The Book of Job*, 181. See also J. Gerald Janzen, "Job's Opening Solilquoy: 'To Have Been or not to Have Been," in *Interpretation*, reprint (Louisville, KY: John Knox Press, 2012), 66-68. For a detailed look at the six scenes of Genesis 1 and Job 1 and 2 see Balentine, "*Job*," 43-77.

darkness" and ends with "I have no rest." What is the importance of this for Job? Gerald Janzen identifies the significance of Job's transition concerning a *life going well*:

> The past offers itself as a source of determinate vital energies; and wholeness or integrity presupposes in part the willingness and the capacity to accept and to appropriate this past into oneself. Again, the future offers itself as a relatively indeterminate field of possibilities; and integrity presupposes in part the willingness and capacity to accept and commit oneself to the future in its uncertainty and risk.[16]

Janzen is in effect, saying that Job's past prevents him from enjoying the present. Likewise, his desire for death eclipses any hope for the future (3:21). Job employs the imagery of God ostensibly hedging Job in (3:23). Job's ability to withstand any adversity appears dulled at this point. Job echoes the thought of many suicidal individuals: death is preferable to continuing to live (cf. Job 6:8-9). On the one hand, it is this imagined death and "experiential avoidance" of the here and now that hinders Job from *life being led well, going well, and feeling well*. On the contrary, Job's silence fosters attention to deal with God.

Has Job lost his integrity, his sense of agency in the suffering? Of Job's solitude, Janzen poignantly remarks, "Job has lost one sort of integrity – the sort that consists in unquestioning trust in a God who had given knees to receive him and breasts for him to suck.…The question which remains is whether a new integrity may arise within his new-found solitariness."[17] For those despairing of life, the connection between losing the faux self and the flourishing life because of suffering should not be overlooked. When no shortage of evil befalls Job, he joins the assembly of those who had defining moments of

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[16] Janzen, 67.

[17] Ibid., 67-68.

doubt in the character of God. In the face of abject sorrow, Job's circumstances teach sufferers about the measure of control they actually have in the taskmaster's world (3:18-24). Job's candor reveals these thoughts amidst the silence. Job's sense of security feels stripped away: his faith, his health, his wealth, and his relationships. However, this season will abate for Job. Job will later gain his agency despite still questioning God: "If I go forward, he is not there; or backward, I cannot perceive him; on the left he hides, and I cannot behold him; I turn to the right, but I cannot see him. But he knows the way that I take; when he has tested me, I shall come out like gold" (Job 23:8-10). When God's hand at work seems hidden, Job learns in the silence that God is not hiding.

Of suffering, Janzen remarks how consciousness can become attuned to what *is* present, and alternatively, one can become aware of something by its absence.[18] The trials that threaten flourishing and joy have the capacity to refine and deepen a person. Suffering awakens insight into where false allegiances lie. It is a catalyst revealing where hope in God ostensibly is presumed upon, but not present. Some commentators believe this is the case for Job. Janzen states, "Job at this point succeeds in imagining a death which he prefers to life. It is a death which, in a bizarre twist, resembles the climax of the creation story insofar as it offers rest. But it is not a rest given *by* God; it is a rest *from* God the divine *Adonay* and task-master" (3:19).[19] Job attributes his "fencing in" to God, similarly as the Satan did. Job's desire for death will continue on past the soliloquy in Job 3. Job's rancorous attitude toward the co-conspirator, God, ensues several times in Job 3-37. For example, he says, "I would choose strangling and death rather than this body. I

[18] Ibid, 69.

[19] Ibid, 70.

loathe my life; I would not live forever. Let me alone, for my days are a breath" (7:15-16).

In Joban literature, other commentators extrapolate that the structure and language of Job 3 undermine explanations for suffering. Carol Newsom, professor of Old Testament at Candler Theological Seminary, points out that *how* the discourse develops in Job is just as important as *what* the dialogues reveal.[20] For instance, Samuel Balentine highlights the tension at play with the chapter beginning with a curse (3:1-2). He notes, "First, in the Hebrew Bible, to speak a curse (or a blessing) is to utter words that are understood to set in motion the very action the curse articulates."[21] Originally, then, Job's reference to "unbirthing" himself, while illogical, invites reflection on handling trauma well. Secondly, from what authority does his admonition comes? At one point, Job was the "greatest of all people of the east," and now, the greatness consists merely in loss.[22] Therefore, by inserting these ineffective curses and questions, the author(s) qualifies Job's trauma as effecting "change in his world (and perhaps in God)" and so builds a bridge from the cursing-lament scheme of Job 3-37 to readers parsing out their own suffering without explanation. Nevertheless, the book of Job has more to teach about the flourishing life and despair.

Life Feeling Good

In the journey of life, suffering often is the hinge whereby people escape *from* or escape *to* God. In the face of suffering, an apparent dilemma occurs between the

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[20] Carol Newsom, "The Book of Job," in *The New Interpreter's Bible*, vol. 4, (Nashville, TN: Abingdon Press, 1996), 629.

[21] Balentine, "Job," 81-82.

[22] Ibid., 82.

goodness of God and the presence of evil. Job indicts God, summoning him to answer in court (10:2; 13:3). Such questioning of God is not foreign to a Soldier's feelings. The book of Job's affective aspect is essential to the discussion of suicide for three reasons: (1) Job's challenge, (2) Elihu's, challenge (Job 32-37), and (3) God's response (Job 38-42). Ultimately, Job's vindication (Job 42:7) suggests why it is permissible, valuable, and honored by God to ask, "Why?" in the face of suffering and setbacks, and how this can improve resilience and normalize these types of questions in the aftermath of trauma.

The plotline ensues with Job's three so-called friends giving voice to their assumptions about why this plight has fallen on Job (Job 4-31). After some time, the three companions "ceased to answer Job because he was righteous in his own eyes" (Job 32:1). Job himself has become accusatory toward the Lord, in the firm belief that he is innocent and has been punished by the Lord unjustly, whereas Job's friends insist that Job's circumstances must constitute punishment for Job's actions and that he should preoccupy himself with repentance. Job's "affect" still has intrapersonal damage. Job understands God is behind this suffering (3:23; 6:4); God's absence leaves Job as an orphan (9:11; 23:17). Job challenges God on his meaninglessness (10:18-22), and therefore accuses God of negligence (10:2; 13:3). Job's cry is similar to what C. S. Lewis once said, "But go to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double-bolting on the inside. After that, silence."[23] Job has assumed *prima facie* his thoughts and feelings about God's intentions were right. Job, therefore, puts God on trial, wanting an answer for why suffering has happened.

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[23] C.S. Lewis, *A Grief Observed* (New York: Harper Collins, 1961), 6.

Is Job's challenge of God justified? Yes. Job's "journey into darkness," says Karl Barth, begins by questioning, protesting, crying, doubting, grieving, and sighing, raging against Job's conception of the God he thought he knew. Barth declares unequivocally, "There can be no question of God abandoning Job. God does not abandon him but keeps him inescapably in His grip. Yet Job finds it impossible to see or understand. Job asks and asks again, why does his God come in this form?"[24] The observable truths that Job encounters while freely obeying his God, put Job at an impasse, the impasse that Martin Luther called *simul iustus et peccator,* both simultaneously "sinner" and "saint."[25] While Job's obedience was one of integrity, modeling that of the suffering servant from Isa. 53, Job set himself against God with his oath of innocence.[26] Consider, now, the faultless one's embrace of the offender at the end of the story. In this sense, Job is a book about the vindication of one's obedience, just not Job's or the reader's obedience. Job is a type of the "True Witness" and perfect obedience to come.[27] By attempting to obey God, Job learns he is so loved not to despair when he missteps, but so sinful he has no right to be puffed up in his righteousness.[28]

Secondly, with Job being "righteous in his own eyes" (32:2), Elihu, another younger friend than the previous three, is "angry at Job because he justified himself

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[24] Karl Barth, *Church Dogmatics,* vol. 4, trans. G.W. Bromiley (London, UK: Continuum T&T Clark, 1961), 400-02.

[25] Justo Gonzalez, *The Story of Christianity: The Reformation to the Present Day,* vol. 2 (New York: Harper Collins Publications, 2010), 52.

[26] Barth, 406-07. See Robert Sutherland, *Putting God on Trial* (Victoria, CA: Trafford Pub., 2006), 50.

[27] Barth, 388.

[28] Tim Keller, *Preaching: Communicating Faith in an Age of Skepticism* (New York: Penguin Books, 2016), 62.

rather than God" (Job 32:2, 3, 5). At first glance, Job 32-37 suggest Job needs a different set of friends. However, upon reflection, Elihu answers Job amidst his pain with the truth. Elihu gives God's justice more credence and Job's righteousness less. Elihu's advice paves the way for God's address to Job. As one commentator states, "Elihu begins the answers; the Lord will complete them."[29]

Elihu's words seemingly are irrelevant in the discussion on Job and suicide. However, this ignores the human capacity for self-deception (32:2). While overshadowed by God's word, Elihu's advice is loving. Essentially, Elihu tells Job that he is pointing the finger at the wrong, guilty party (33:12). Elihu claims that God reveals himself in more ways than one, even in pain (33:13, 19). Appearances at times belie reality. Likewise, Elihu seems incapable of allowing Job to put the best spin on the situation. He warns Job, "Beware of turning to evil, which you seem to prefer to affliction" (36:21). Tillich suggests that at times it is necessary to confront others about their guilt and condemnation. He states, "For being accepted does not mean that guilt is denied. The healing helper who tried to convince the patient that he was not really guilty would do him a great disservice. He would prevent him from taking his guilt into his self-affirmation."[30] At the same time, Elihu challenges Job; he reminds him to make space for non-understanding: "But those who suffer God delivers in their suffering; he speaks to them in their affliction. He is wooing you from the jaws of distress to a spacious place free from restriction, to the comfort of your table laden with choice food" (36:15-

[29] Christopher Ash, *Job: The Wisdom of the Cross,* ed. Kent Hughes (Wheaton, IL: Crossway, 2014), 326.

[30] Tillich, 166.

16, NIV).

Job's "journey into darkness" receives an answer, of sorts, "out of the whirlwind" (38:1). In Job 38-42, God minces words with Job in rather dramatic fashion. Robert Alter perceptively writes: "When God finally answers Job out of the whirlwind … God picks up many of Job's key images, especially from the death wish poem with which Job began (chapter 3) and his discourse is shaped by a powerful movement of intensification, coupled with an implicitly narrative sweep from the creation to the play of natural forces to the teeming world of animal life."[31] The surplus of questions God asks Job allows Job to face profound truths about God and humanity. The questions serve as testimonial witnesses to God's power (Job 38-40) and his special care for his creation (Job 40-41). Halfway between the dialogue, Job acknowledges, "See, I am of small account; what shall I answer you? I lay my hand on my mouth" (40:4). Yet, God persists and asks Job numerous questions intending to expose how Job has been jumping to conclusions about God's motives. Herein lies an answer. As one commentator notes, "God does not here 'answer' Job's questions about the problem of evil and suffering, *but he makes it unambiguously clear what answers are not acceptable in God's universe.*"[32] Ultimately, Job concludes: "I have uttered what I did not understand, things too wonderful for me, which I did not know" (Job 42:3).

God's retort to Job's questioning and the affective dimension is instructional. His challenges and feelings were right and wrong. Job had a right to work out his obedience.

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[31] Robert Alter, *The World of Biblical Literature* (London, UK: SPCK, 1992), 188-189.

[32] D.A. Carson, *How Long O Lord?: Reflections on Suffering and Evil* (Grand Rapids, MI: Baker Pub., 2006), 151. *Italics original.*

One writer notes, "Not to wrestle with God, therefore, would be on Job's part a denial of the truth of his existence."[33] In the struggle of obedience, Job learned he was deeply loved. At the same time, "the journey into darkness" and dialogue with a friend revealed he was overly presumptuous about God and His purposes.

The most vexing problem in interpreting the book of Job is in 42:6. Balentine believes it is the skeleton key unlocking the book.[34] Commentators differ on the five possible translations.[35] Is Job recanting the lawsuit, dust and ashes, or God? How does Job understand his creator now? Despite how readers land on the interpretations, Job stands on his integrity and God validates him. While there is ambiguity in the verse, Job's response reveals, first of all, the value of silence when God speaks "out of the whirlwind." Secondly, his courage to say to God what most wince at is a model for those suffering. Thirdly, his "seeing" God does not explain why suffering happens, how to avoid it, or why trauma remains for the righteous. Job recognized the limits of his knowledge and the place of human beings in the created order and came out transformed after the whirlwind. Ellen Davis captures it well when she avers, "The great question that God's speech out of the whirlwind poses for Job and every other person is this: can you love what you don't control?"[36] Instead, suffering can be a place where God is met.

The vindication of God and Job unveils a process of redemption and restoration,

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[33] Susannah Ticciati, *Job and the Disruption of Identity: Reading Beyond Barth* (London, UK: T&T Clark, 2005), 173.

[34] Balentine, *Job*, 81-82.

[35] Carol Newsom, 629.

[36] Ellen Davis, *Getting Involved with God: Rediscovering the Old Testament* (Cambridge, MA: Cowley Publications, 2001), 140.

resulting in Job knowing himself and God more profoundly. God flips Job's despair right side up. Even if Job receives none of the epilogues fortunes, Job discovers how silence and suffering work. Balentine poignantly states:

> The "answer," such as it is, is that there is no reason that can be traced either to the person who has been traumatized or to the God who has permitted it, sanctioned it, or watched over it. Bad things happen to good people, for no reason. The route to recovery, therefore, will only be stymied by the search for a culprit. Best simply to treat the wound, then get up and return to the fray.[37]

Job realizes there are no satisfactory answers to suffering. The uncertainty of interpreting 42:6-8 matches the ambiguity of suffering in this world.

Through the suffering, Job learned to embrace uncertainty. It is the unknowing of the future that liberates honesty. A chaplain comforts the hurting to avoid jettisoning hope in God due to the uncertainty of the present moment. In the counseling setting, the present moment is not about describing the content, but the felt sense of the significance. It aids in giving people agency over their trauma and affective power to overcome the circumstantial. Mindfulness of one's lack of understanding results in surrendering control back to God. Giving up control frees one from the demands of not knowing why. Job has more in the end than the beginning as "the Lord gave Job twice as much as he had before" (42:10). Following the loss of his wife, C.S. Lewis remarks, "When I leave these questions before God I get no answer. But a rather special sort of 'no answer.' It is not the locked door. It is more like a silent, certainly not uncompassionate, gaze. As though He shook His head not in refusal but waiving the question. Like, 'Peace, child; you don't understand.'"[38]

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[37] Samuel Balentine, "Traumatizing Job," *Review and Expositor: Faith Facing Trauma* 105, (Spring 2008): 216.

[38] C.S. Lewis, 69.

Why do bad things sometimes happen to followers of God? Job did not get an answer. However, God's response reveals in part that Job's accusations of God were devoid of the full picture. Similarly, depression is an extreme form of subjectivity. Due to the "circumstantial" dimension, an individual with the thoughts of suicide can be myopic. The "affective" aspect of an individual consumes them. It is all they want to remove from their lives. The author is not suggesting telling a person they are missing the proverbial "forest for the trees." Nonetheless, amid great despair and despondency, seeing the broader picture allows them to see that their suffering is not the totality of who they are. Therefore, it does not justify the kind of profound sacrifice of giving themselves over to what is not exclusively theirs; in other words, suicide.

The goal of this reflection reveals that Volf's conception of the flourishing life extends to those despairing of life, such as Job. This too is fitting with Job's express desire to die (see also Jonah 4 and Elijah's story in 1 Kings 19). While Job's "agential" dimension wanes at times, overall, Job exhibits a life of trust from beginning to end. As Jürgen Moltmann states, "One can only be '*lebensatt*' if one has really lived. The unlived life, the voluntarily missed life or the involuntarily stolen years of life, causes pain and grief and hinders a good death."[39] During profound suffering, Job learns to sing: "Though he slay me, yet will I hope in him" (Job 13:15, NIV). Finally, the "affective" domain provides Job with a broader context to discover that he "had heard of you (God) by the hearing of the ear, but now my eye sees you" (Job 42:5).

[39] Jürgen Moltmann, "Expectation," in *Envisioning the Good Life: Essays on God, Christ, and Human Flourishing in Honor of Miroslav Volf*, ed. Matthew Croasmun, Zoran Grozdamo, and Ryan McAnnaly-Linz (Eugene, OR: Wipf and Stock Publishers, 2017), 132.

Similarly, ACT therapy or Emotionally Focused Therapy (EFT) calls individuals to act according to their values and emotions. ACT underscores the importance of not avoiding the problems and living for one's values. While ASIST teaches that the turning point comes from the person with thoughts of suicide, EFT would articulate how it is actually the connection *within* and *between* is where safety comes from. As a few authors frame it, "Emotional attachment is probably the primary protection against feelings of helplessness and meaningless."[40] Furthermore, amidst unremitting suffering, a chaplain provides avenues whereby a person with thoughts of suicide considers not only life but the flourishing life. They propose thoughts such as: "I am in the business of helping you construct your life as something that you want to live. You have got everything to gain and nothing to lose. What do you want your life to stand for?"

The New Testament

The ultimate example of perfect love and the flourishing life is Jesus Christ. As a result, 1 John 3:16-20 is an excellent starting point for considering the flourishing life through Volf's tripartite model. The author of 1 John writes, "*We know love by this:* that he laid down his life for us and we ought to lay down our lives for one another" (1 John 3:16, italics mine).[41] Christians are commanded to love one another by giving to those who are genuinely in need (1 John 3:17-18). Continual failure to imitate this sacrificial love means God's love in the believer becomes questionable. Additionally, if one feels that their heart condemns them, it reveals then a disordered love. Therefore, an

[40] B.A. Van der Kolk, A. McFarlane, L. Weisaeth, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York, NY.: Guilford Press, 1996), 24.

[41] For a more robust treatment of the authorship see Margaret M. Mitchell, "John, Letters of," in *The New Interpreter's Dictionary of the Bible*. vol. 3, ed. Katharine Doob Sakenfeldm, (Nashville, TN: Abingdon Press, 2009), 370-71.

examination of 1 John 3:16-20 supports the rationale for the project when seen up against the backdrop of Paul Tillich's *The Courage to Be.*

Life Being Led Well

Comparing the Gospel of John with 1 John, there is a clear distinction. In John's Gospel, St. John explains his authorial intent: *"*But these are written so that you may come to believe that Jesus is the Messiah, the Son of God and that through believing you may have life in his name" (John 20:31). John wrote that Gospel so that people would believe. Some call 1 John "the book of tests" based on St. John's purpose statement in 5:13, "I write these things to you who believe in the name of the Son of God, so that you may know that you have eternal life." In other words, John wrote his first letter in order to give assurance of eternal life for those who profess faith in the name of God's Son. Most likely, the letter circulated due to false teaching among John's audience, which could have led them to wrongly assume that they did or did not have eternal life.

The letter, then, is made up of several "tests" by which readers may discern whether they have eternal life. As Robert Gundry states, "For early Christians, heresy in the church posed the problem of distinguishing orthodoxy from heterodoxy, faithful ministers of the word from false teachers. The Letter of First John formulates several criteria—righteousness, love of fellow believers, and correct Christology—for testing the Christian profession of teachers and of oneself."[42] First John 3:16–18 is in the category of subjective tests. The specific test here is love not merely for neighbor, but for brothers and sisters within the church who have true needs. One way those who profess faith in God's Son may know that they have eternal life is whether s/he is imitating the love

[42] Robert H. Gundry, *A Survey of the New Testament* (Grand Rapids, MI: Zondervan, 2003), 492.

shown by Christ's sacrificial death. The practical imitation of that love is by freely giving to those who are truly in need. With this love, one may be sure they have eternal life. Without it, the genuineness of one's profession of faith becomes questionable.

The way we know love is by God's Son laying down his life for us. Stephen Smalley helpfully comments on this part of verse 16 when he states, "The author indicates that the summation of love is to be found in the Godhead. Eventually he will say that God's very nature is love itself, and that he is the source of our own love (4:8–12, 19); but meanwhile he refers (simply, but definitively) to the active disclosure of that love in the life and death of God's Son."[43] When John wants his audience to know what love truly is, he directs them to the cross–work of Jesus. This should lead Christians to consider and be fully convinced that true love is Christ–centered. While any given culture may have its own human understanding of "love," the Christian must regard true love as a crucified love.

Against this backdrop, the "agential" dimensions find themselves in alignment with God's purposes. Volf captures this well when he says, "A flourishing agency marks the flourishing life as a life of love. This is what it means to lead one's life well, to be *righteous* or *just in the Spirit* in the kingdom of God."[44] Christians are obligated to show to others the same love that God's Son showed to them. In other words, just as "Jesus laid down his life for us," those who love God are bound by an obligation to love others even to the fullest extent of sacrificing their lives for them. The English "ought, (1 John 3:16)"

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[43] Stephen S. Smalley, "Second Condition: Be Obedient (3:10-24)," in *Word Biblical Commentary,* vol. 51, (Waco, TX: Word Books, 1984), 192.

[44] Volf and Croasmun, *For the Life of the World,* 170.

translated from the Greek lexical form of ὀφείλω (*opheilo*), carries the meaning of being "morally obligated" in 1 John.[45] While the word can refer to owing a financial debt (Matt 18:28; Luke 16:5), it can also refer to being constrained by a circumstance (1 Cor. 5:10; 2 Cor. 12:11). BDAG lists the occurrence in 1 John 3:16 as having the meaning of being under "obligation to meet certain social or moral expectations."[46] Within the usage of the word is the sense that one has a moral obligation owed to other Christians who are in need. In other words, those Christians who find themselves in needy circumstances not only find work in order to lift them out of their situation; additionally, their Christian brothers and sisters "ought" to fulfill their binding obligation to aid in helping them out of their situation.

Ultimately, though, what makes one able to embrace this *ought* is found in ceasing to base one's confidence on themselves. As Tillich writes, "One can become confident about one's existence only after ceasing to base one's confidence on oneself."[47] This faith paradox transcends being a participant in a community and the self. This embrace of faith still contains doubts. Nevertheless, Tillich asserts, "Without consciousness of truth itself doubt of truth would be impossible."[48] While these doubts migrate, however, an individual surrenders the self to what the project director calls a

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[45] Cleon L. Rogers, Jr. and Cleon L. Rogers III, *The New Linguistic and Exegetical Key to the Greek New Testament* (Grand Rapids, MI: Zondervan, 1998), 596.

[46] Walter Bauer, *A Greek–English Lexicon of the New Testament and Other Early Christian Literature, 3rd edition (BDAG)* (Chicago, IL: University of Chicago Press, 2000), 743.

[47] Tillich, 163. Tillich elsewhere writes, "The experience, therefore, that suicide is no way of escaping guilt must be understood in terms of the qualitative character of the moral demand, and of the qualitative character of its rejection. Guilt and condemnation are qualitatively, not quantitatively, infinite. They have an infinite weight and cannot be removed by a finite act of ontic self-negation." There must be something to deal with the ontological and moral self-condemnation.

[48] Ibid., 158.

"rejection of rejection." Similarly, this is for Tillich, the real mystery: "One could say that the courage to be is the courage to accept oneself as accepted in spite of being unacceptable."[49] Nothing less than the acceptance of love from above will remove what is unacceptable in oneself.

In summary, the way Christians know love is by observing the act of God's Son laying down his life for them. Christ's death was not merely for observation but for transformation. Therefore, the Christian, as a recipient of God's love through the death of his Son, has a binding obligation to demonstrate that love toward others, especially toward fellow Christians (Gal. 6:10). This love should extend to others even to the fullest extent of giving up one's life, just as Christ died for all. Christian love toward others, therefore, must be central, not peripheral, to the flourishing in one's agency. John writes, "How does God's love abide in anyone who has the world's goods and sees a brother or sister in need and yet refuses help?" (1 John 3:17).

Life Going Well

Although Christians indeed ought to lay down their lives for fellow Christians, not every Christian will have to go to such great lengths to show such love. While Christians must be ready and willing to show Christ's love to such an extent, they must also daily be involved in showing that love in tangible ways. One of the ways which John instructs his readers to love is by meeting the real needs of those who are without the world's goods.

Even though 1 John 3:17 is in the negative, it is profitable to consider it positively first. From a positive perspective, 1 John teaches Christians to be involved in the labor of

[49] Ibid., 164.

love. This love seeks to give to those who have true needs within the church. It is important to note that John does not here address the wealthy among his readers; instead, he addresses all Christians who have material possessions. It is not merely those who have an excess of the world's goods who are to give to those in need. It is for any Christian who has any of the world's goods to give to the needy. As Smalley notes, "John is not saying that the wealthy alone are required to share their possessions with others; *every* Christian who is in a position to help others materially is required (responsibly!) to do so."[50] Ben Witherington, building on Smalley, notes how this was not only ordinary worldly possessions, but any resource of life, including intellect.[51]

It is worth noting that John makes a significant transition in his usage of the word "brother" in this passage (in other translations). Earlier in 3:16, John used the plural form of brother: "We ought to lay down our lives for the *brothers.*" But in verse 17, John uses the singular form of the title: "sees his *brother* in need." John Stott identifies the importance of such a transition with a poignant quote from G.P. Lewis. He explains, "It is easier to be enthusiastic about Humanity with a capital 'H' than it is to love individual men and women, especially those who are uninteresting, exasperating, depraved, or otherwise unattractive."[52] Loving particular people in each person's concentric circles requires, as the project director often quips, "a concern in each of us, for all of us."

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[50] Smalley, 196.

[51] Ben Witherington III, "1 John 2:18 – 3:24, Probatio Part 2: A Closer Look on Avoiding Sin and going on to Perfection," in *Letters and Homilies for Hellenized Christians: A Socio-Rhetorical Commentary on Titus, 1-2 Timothy and 1-3 John*, vol. 1 (Downers Grove, IL: Intervarsity Press, 2006), 512.

[52] John R. W. Stott, "1 John Commentary," Tyndale New Testament Commentary, vol. 19 (Grand Rapids, MI: William B. Eerdmans, 1988), 147.

A severe indictment comes at the end of verse 17 when John states that if one sees his brother in need and closes his heart to him without meeting the need with material goods, whether God's love abides in him is questionable. John is in effect saying that one who does not fulfill his obligation to care for his brother may not be a Christian. This is certainly the teaching of John elsewhere in his first letter (1:6, 10; 2:4, 9, 11, 15; 3:4–10; 14–15; 4:6, 8, 20; 5:10, 12). As Robert Yarborough straightforwardly states, "The answer to John's rhetorical question, 'How is the love of God abiding in him?' is obvious: it is not."[53] While many professing Christians believe one can never question the legitimacy of another's faith, John has no reservation whatsoever in presenting clear tests to prove whether or not one has professed true faith.

Social status, then, can either enhance or inhibit *life going well.* Volf articulates, "As a Christian, who believes Jesus Christ is the measure of true humanity, the incarnation of love for God and others, my normative assessment of globalization boils down to this: it is good to the extent that it helps me and others participate in the character and mission of Jesus Christ, and it is deficient to the extent that it doesn't."[54] Volf is thus correct when he points out that this ultimately points to the eschatological kingdom when works of love will survive, and works of non-love will be burned in the fire (1 Cor. 3:10-15).[55]

It is crucial to note that this love will never be fully complete in this fallen world. Intertwined with the "agential" is the "circumstantial" and "affective" domains (note

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[53] Robert W. Yarborough, "Core Teaching: Love, Works, Trust, Summons to Love" *Baker Exegetical Commentary on the New Testament,* vol. 15 (Grand Rapids, MI: Baker Academic, 2008), 205.

[54] Volf, *Flourishing: Why We Need Religion in a Globalized World,* 16-17.

[55] Ibid., 18.

"having no pity" on others in v. 17). With suffering and sin marring God's creation, Volf articulates how love weds the "now and not yet." He writes, "This efficacious and noncompetitive reign of love both (1) heals the impotence that Sin has wrought in human agency and (2) overcomes the fundamentally competitive nature of agency in created-but-not-yet-consummated finitude."[56] This love marks the conditions for the flourishing life in unfitting circumstances when life does not go well. Volf expounds the importance of love shaping the circumstances of one another's lives when he says: "Transformation of our *relationship with the creation* and the *material goods* God provides through the creation is also a signature of proleptic flourishing."[57] Through realizing the futility and insatiability of *material goods* and extending them to others, the Christian persuades the others heart of their faith and properly orders their love to God.

This ordering of a proper love is critical to the discussion of Christian ethics and suicide. Since Augustine, Christian theologians have placed love as the "highest good" or *summum bonum* of all things. Situational Ethics founder Joseph Fletcher believes, "Augustine was right to make love the source principle, the hinge principle upon which all other 'virtues' hang, whether cardinal or theological."[58] While it is outside the scope of the paper to discuss whether the law's end is love or love ends the law,[59] *a life worth living* loves God, neighbors, and oneself rightly. When the failure of this love persists,

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[56] Volf and Croasmun, *For the Life of the World,* 168.

[57] Ibid., 173.

[58] Joseph Fletcher, *Situation Ethics: The New Morality* (Philadelphia: Westminster Press, 1966), 78.

[59] Tarsicius J. Van Bavel, "Love," in *Augustine through the Ages: An Encyclopedia*, ed. by Allan D. Fitzgerald, O. S. A. (Grand Rapids: Eerdmans, 1999), 511.

one may experience guilt or shame. One counselor defines guilt and shame as such: "Guilt may be understood in terms of experiencing the contradiction between who we are and what we should do. Shame can be understood as the contradiction between who we are and what we want to be."[60] In John's letter either could be present for the believer who fails to act in love.

Tying the pericope altogether, as one embraces the sacrificial love of God (v.16), they then extend the love of God in word and deed tangibly (v.18-19), and avoid condemnation inwardly (v.20). The text joins the three with: "By this we will know." (v.19). In attending to *life going well*, the project director emphasizes the importance of a proper vision of ordered love for a believer. If a believer fails to be aware of the importance of loving God and loving others, coupled with the insatiable nature of their desires, a disordering of their affections will inevitably consume them. The most extreme form of the heart condemning itself for a believer would be suicide.[61]

Herein demonstrates another paradox to the flourishing life: as one lives for another's joy, that person receives joy. Tillich perceptively discusses how each participant in serving others "loves himself as participating in the spiritual life and as loving its contents. He loves them because they are his own fulfillment and because they are actualized through him."[62] At the bottom of any decision to forget oneself is love. Love works with the right motives, for the right reasons, and at the right moment. When a

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[60] Brad Binau, "Shame and the Human Predicament," in *Counseling and the Human Predicament: A Study of Sin, Guilt, and Forgiveness,* edited by L. Alden and D. Renner (Grand Rapids, MI: Baker, 1989), 132.

[61] While the project director realizes that this text is not specifically addressing suicide, for a believer whose heart is wrought with condemnation, one can imagine it being a result.

[62] Tillich, 155.

believer does this they do what is loving before a corresponding feeling. This paradox allows one to feel love.

Life Feeling Good

Life feeling good is "in the presence of God" and "loving others." First John 3:19, says: "This is how we know that we belong to the truth and how we set our hearts at rest in his presence" (NIV). While commentators differ on whether the Greek word *peitho* means "reassures," or "persuades," or "set at ease," it is critical to underscore this awareness occurs "in his presence."[63] Ultimately, as Volf points out, joy must be "in the presence of God." Volf specifies that "True joy requires an intentional object over which one ought rightly to rejoice, and the superlative 'object' – the superlative *cause* of Christian joy is the presence of God."[64] An individual has to have something to rejoice *over* to have any "affect" of joy. At the same time, Volf necessitates that unceasing joy is wed to the "cultivation of the awareness of – and appropriate response to – the presence of God."[65] John pens this reassurance to be at rest "in his presence," likely during a crisis of faith.[66] Whatever the crisis is, verse 19 serves as a bridge to link verses 18 and 20.

The essence of verse 20 is still that love is the ground and goal of the flourishing life despite subjective feelings. The chapter begins, "See what great love the Father has given us…we know love by this, that he laid down his life for us" (3:1, 16). Smalley

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[63] For "persuade," see Ben Witherington III, 142*;* Yarborough, 209; For "reassure," see I.H. Marshall, "Assurance and Obedience," *The New International Commentary on the New Testament* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 1978), 197.

[64] Volf and Croasmun, *For the Life of the World,* 176.

[65] Ibid., 177.

[66] For the occasion see I.H. Marshall, 197.

gives a helpful succinct summary between the standard of God's law, one's conscience, and the mercy of God. He writes, "John's chief purpose at this point is to reassure his readers that when believers are most aware of their shortcomings, in respect of God's standards, the love and mercy of the Father are present to heal their troubled consciences."[67] The shortcomings of each person notwithstanding, John writes, "For God is greater than our hearts" (3:20). Although this is objectively true, subjective emotions falter due to perceived or real foibles, failures, and frailties.

Volf's work on *life feeling as it should* adds a few helpful points in closing. Volf qualifies one aspect by saying, "As central a cause of joy as God is, most commonly in the Pauline Epistles, the proximate object of joy is other people."[68] Volf remarks that affect for Paul, and obviously John, is "bodily." Love, by definition, must have another object as well as joy. Therefore, *life feeling as it should,* even in suffering, is aware of God's presence. Secondly, Volf stresses, "Under the conditions of sin, much of what passes for 'joy' is false or corrupt."[69] Whether "our hearts condemn us" due to hoarding "worldly goods" or giving from false motives, the consolation of the gospel is that God's love is "bigger than our hearts."

Everyone in life is fighting a battle, but some persons are unaware of it. The project director chose 1 John to highlight aspects of the flourishing life often overlooked in the discussion of suicide. *Life being led well* communicates the standard of love in the

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[67] Smalley, 203.

[68] Volf and Croasmun, *For the Life of the World,* 177.

[69] Ibid., 179. Consider this alongside numerous things Tillich says about the false self. Namely that "doubt, a creative and destructive function in man's spiritual life...based on man's separation from the whole of reality, on his lack of universal participation, on the isolation of his universal self." Tillich, 48-49.

cross of Jesus. This love compels others to go and do likewise. *Life going well* embodies sacrificial, paradoxical love: "It is more blessed to give than to receive" (Acts 20:35). When love fails to be extended, 1 John questions the embrace of the believer's identity. *Life feeling good,* the "affective" domain, should result in individuals in liberation, not condemnation. Whatever condemnation it is that impedes spiritual healing, John confirms to believers that there is a power in the universe stronger even than death**.** First John teaches about love that gives life and does not take it. This love sparks a concern in each member of the body for every member of the body, because of Him who gave His body.

CONCLUSION

This section puts forth three reasons why a flourishing life is critical to assisting in decreasing suicides: direction, purpose, and motivation. First, Volf's emphasis on life being led well clearly reflects a proper direction for all human action. The project director believes establishing this self-awareness baseline is fundamental not only to one's existence but to decreasing suicides. Secondly, the practice of the flourishing life offers soldiers a space to understand their calling and purpose. In the Christian life, the goal of self-awareness is ecstasy.[70] As Saint Augustine eloquently captures: "You have made us for yourself, and our hearts are restless until they find rest in you."[71] It is from this relationship with God that a soldier's identity avoids spiraling into empty virtues,

[70] Henri Nouwen, *Lifesigns: Intimacy, Fecundity, and Ecstasy in Christian Perspective* (New York, NY: Crown Publishing Co., 2013), 74. As Henri Nouwen rightly points out, "ecstasy" comes from the Greek "Ek," meaning out and "stasis," meaning a stand still. Therefore, as Nouwen writes, "Those who live ecstatic lives are always moving away from rigidly fixed situations and exploring new, unmapped dimensions of reality. Here we see the essence of joy. Joy is always new."

[71] Saint Augustine, *Confessions,* trans. Maria Boulding (New York: New City Press, 1997), 42.

burdensome duty, or existential escapism.[72] Thirdly, life feeling good helps one to recognize and regulate the motivations and emotions toward a differentiated self. This brief survey through the lens of a flourishing life is *a way* to proceed in the discussion of suicide prevention in which chaplains, therefore, serve on the front lines of the current battle against the Army's greatest enemy, the war within.

[72] Saint Augustine, *City of God*, XIX.25, trans. Marcus Dods (New York, NY: The Modern Library, 1993), 707. John Calvin extends this point as he talks about "idol factories" in the *Institutes of Christian Religion*, vol. 1 ed. John T. McNeill, trans. Ford Lewis Battles (Louisville, KY: John Knox Press, 1960), 108-09. For a more recent discussion on being and our insatiable desires being fulfilled in God see David Bentley Hart, *The Experience of God: Being, Consciousness, Bliss* (Grand Rapids, MI: Yale University Press, 2013).

CRITICAL EVALUATION

A Life Worth Living project took place from June 6 through August 28, 2022. This chapter will report and analyze the measures from the project. The sources of evaluation include the narrative interviews from chaplains. The study is useful in identifying key themes that emerged from chaplains' experiences on active-duty. These experiences will help elucidate ways to strengthen chaplains in the fight against suicide.

Evaluation of the Qualitative Project and Process

The purpose of the project was to measure how suicidality impacts and influences chaplains in their ministry.[1] To fulfill the project, the student interviewed Army chaplains utilizing interpretative phenomenological analysis (IPA). The project allowed chaplains an opportunity to tell their stories as well as assess where they are currently by the data collection instruments found in the appendices.

Each chaplain (6) in the project was interviewed individually. The interviews averaged an hour in length. The questions designed by the researcher attended to various intersections of suicidality and the chaplains. The semi-structured interviews were recorded, transcribed, and placed on the project director's personal password-protected computer.

The process of recruiting chaplains began at a garrison Unit Ministry Team training in May. The interested chaplains who volunteered were given the informed consent form after the student announced the project. From the pool of volunteers, the chaplains who had ASIST training were placed in the control group and the chaplains

[1] John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches,* 4th ed. (Los Angeles, CA: Sage, 2014), 14.

untrained in suicide prevention were in the other group. One aim of the research was to trace any difference between those who have gatekeeper training as opposed to those who lack training. All the participants were male, protestants, and captains on active-duty. This turned out to help specificity for the small sample size. A snippet of the participants' demographic data is in the table below with their ages ranging from 34-47.

TABLE 3

Demographic Chart

Participants (all males)	Race	Education (counseling classes)	Years in Military/combat
Chaplain 1*	White	1	16
Chaplain 2*	White	3	20
Chaplain 3*	Asian	1	9
Chaplain 4	Hispanic	1	11
Chaplain 5	Asian	1	8
Chaplain 6	White	12 (M.A. in Counseling)	4

Source: project data, *Control group

The researcher was interested in examining how chaplains process what has happened to them in the context of suicidality. The subjects' responses were analyzed, clustered, coded, and categorized into themes. The first coding themes emerged after reading the transcriptions several times. The second phase of coding mapped out the themes related to the questions.[2] As a result, four themes showed a close interaction with the words, phrases, and meanings of the participants. This four-legged "chair of supervision" could prove useful in helping future chaplains with similar elements in dealing with suicidality of: 1. Transformative, 2. Restorative, 3. Formative, and 4.

[2] J. Saldaña, *The Coding for Qualitative Researchers* (London, UK: Sage Publications, 2021).

Normative.[3] The following table demonstrates the primary themes and subthemes.

TABLE 4

Themes and Subthemes

Transformative	1.1 Theological Conviction (Resiliency)
	1.2 Connect People to Purpose and Meaning
	1.3 Certainty in the Uncertainty
Restorative	2.1 Listening to Emotional Handles
	2.2 Meaning Making
	2.3 Connect Vision and Vocation.
Formative	3.3 Self-Awareness
	3.4 Handling Situations Differently
	3.5 Developing Skills
Normative	4.1 Boundaries
	4.2 Policies and Procedures

Source: Projectd data

Theme 1 – Transformative Elements

The project surprised the researcher with the overwhelming resiliency chaplains possessed in their response to suicide. I assumed that suicidality would impact chaplains' gatekeeping behavior and lifestyles more. While the sample size is rather small, the coding scored the highest. The theological conviction underscores the chaplain's resiliency amidst suffering. The consistent reference to suicide death or attempt being

[3] Adapted from Michael Paterson and Jane Leach, *Pastoral Supervision: a handbook*, 2nd ed. (Norwich, UK: SCM Press, 2014), 25. These four initial themes revolved around these four elements that made more sense to unite under a familiar supervision tool by adding transformative elements that were present.

beyond their control was surprising to me. The participants' conviction in God's word, their faith, and the need to be resilient for families in the aftermath was the only dominant theme across all participants. In the face of adversity, I believe I overlooked how resilient chaplains are at "nurture the living, caring for the wounded, and honor the fallen." At the same time, this is not to say the chaplains merely believed they should rely on their faith in the conversation. One chaplain said, "I feel like for a lot of chaplains all they have in their tool bag is their faith and it's not effective. For a lot of our formations. Unless they can make it relevant." Another chaplain said, "I think a lot of chaplains impose their solutions about what they think is best upon soldiers instead of exploring and getting buy-in from soldiers." Numerous chaplains pointed to other ways to explore healing through listening, community, praying, meditating, or self-reflection. Overall, one chaplain summarizes his theological convictions and how they provide a strong emotional buffer when talking with a suicidal soldier:

> Whenever I engage with death in a close personal way, there are two things that happen to me. The first is I always wonder if the individual was a follower of Christ, and what it would be like to meet God as a judge instead of a friend. The second thing that happens is I am reminded of my own mortality and that one day I will come face to face with the living God.

The second subtheme of connecting people to purpose and meaning stood out in the transformative element. One chaplain said in the fight against suicide, "Chaplains should be employed to assist with helping people find hope, meaning, purpose, and promoting personal responsibility." Coming from the Clinical Pastoral Education perspective, one chaplain took the interdisciplinary approach to find multiple answers for purpose and meaning. He said, "I think for me, being part of the team, and being able to see things from other teammate's perspective and how we work together to help for the treatment of the treatment plan of the Soldier is what helps them in their journey for

purpose." The transformative element of helping soldiers connect to their spirituality via purpose and meaning was reflective of either question on what chaplains should be doing or what the chaplains wish they would say to their younger selves.

Similar to Job's acceptance of the suffering above, chaplains seemed to embrace the uncertainty that suicide was outside their control. One chaplain remarked following a suicidal death: "I am responsible for providing front-line support to my soldiers when the battalion commander announced it in a meeting. I was able to engage professionally at the time, I was sad, and it was difficult but I was able to remind myself that his story and my soldier's stories were not my stories. That helped me not be consumed by my own grief." Similarly, another chaplain espoused after death, "It drove me to be at rest in my convictions that I am but one of God's ministers and made of flesh and bones and my faith has driven me to rest in my conviction and that there only is so much I can understand and do." The impact of the problem on the Army of suicide requires one to pan out and have a healthy perspective. For example, one chaplain avers, "I continually realize this is such a massive problem so there is only so much I can do." Some of these transformative elements were further influenced by the restorative elements.

Theme 2 – Restorative Elements

For several participants, they shared the cohesive experience of listening to emotional handles. This restorative element was a primary theme with several subthemes. One was listening to the emotional handles of the client/family. Each chaplain mentioned a form of tuning ears to the emotional handles to draw out the struggles amidst suicidality. For instance, a chaplain stated, "I think my counseling training and the work that I have done with my own story has enabled me to differentiate myself in healthy ways. I can be sad with and for people. And even grieve the loss myself, but I am not

consumed by it." This is not only an example of embracing suffering but also being present *with* and *for* others. Spiritual identity and growth were a resource that afforded chaplains the ability to be present and work through the problem. This manifested in an ability to look beyond their own views by listening: "It depends on who I'm talking to. If it's a soldier who doesn't have a Christian background, it's a different approach. If they are interested in faith it is a more pastoral approach using life worth living ethical principles. So I try to understand the context." This active listening also stood out in regards to emotional handles of intensity, frequency, and duration of suicidal ideation for several clients. These were vital as well for postvention for the family.

Participants also referred to how they would point to meaning or make meaning with those impacted by suicidality. The former saw meaning in their emotional struggle and attempts to find meaning. One chaplain asked, "What people are looking for is peace. So the question is, how do you get peace? And so I use Philippians 4 to walk them through what peace is." Another would help those who are religious with parallel stories in the Bible: "Jeremiah, Elijah, and their suicidal ideations and his and David's depression over his sin. The Bible is not silent about these kind of struggles." The latter chaplains looked for how meaning-making is present in the struggle:

> As I have walked with people through suicidality, I own my own powerlessness and honor the other as one who has viable agency. I also feel privileged that the person feels safe enough with me to invite me into their current struggle. I have discovered that being inquisitive as to where a person is at and how they arrived at that location is very effective. Then I like to discover with the person what they hope in.

The final restorative subtheme coded was the connection between vision and vocation. Chaplains need to see this subtheme in dealing with suicidality to aid them to recover what is lost amidst all they have to do with their job. For instance, one chaplain

noted, “I’m more intentional than I was before after losing a Soldier to suicide. There is that body of evidence via experience that drives me to be intentional with communication and in the Army, it’s very easy for counseling relationships to get buried under the 10,000 things I’ve got to do every day.” Another chaplain remarked on staying in their lane and referring stuff outside of their job. The important focus is to keep the main thing, the main thing:

> You can't help everyone. You do the best you can. Working in the hospital, I just handled the spiritual aspect of it. Not everybody accepted this. But if it was a way to help a person through treatment that's what I offered. It’s trying to hear the pain and where it's coming from and see it from that perspective.

In the face of compassion fatigue, burn-out, or vicarious trauma, the meaning of a chaplain’s ministry is meant to shape the manner in which it is fulfilled. Supervision should tend to the restorative element and helping vision connection with vocation.

Theme 3 – Formative Elements

Self-awareness was identified as the main formative element over a chaplain’s career. The work of many chaplains is exhausting, especially concerning suicidality:

> Well, I mean, I definitely bear burdens at times, for sure. Sometimes you walk out of counseling sessions, and you think, I really wish I hadn't heard that. I’m disturbed now for the rest of the day. There's definitely that burden that you're bearing as a counselor.

The same chaplain recounted how several suicidal losses of those in his unit and Bible study left him having to be “in the zone” offering ministry: “Sometimes you get choked up in the memorial service and the ceremony was kind of emotional, but I think just focus on trying to take care of the needs of the family at the time.” Upon reflection of processing those emotions, the chaplain mentioned not being afraid to talk about the darker, shadow side of life. He then verbatim quoted the Westminster Shorter Catechism question 20: “Did God leave all mankind to perish in the estate of sin and misery?” After

answering, he said, “I reassure myself that it's going to be okay is the starting place.” Similarly, another chaplain articulated his own feelings: “Early on I wish I would have had the ability to not anxiously respond to conversations about suicide, acting out my own fear. It does not help. As I have grown, I acknowledge my fear as something in the room and wonder if the person considering suicide is also afraid.” Moreover, another self-reflection states, “Another person’s actions or beliefs are not your problem, do what you can but do not own their issues.” These experiences include growth edges as chaplains. The initial sense of fear or paralysis diminishes with self-awareness and an increasing window of tolerance.

Another subtheme to emerge from the data was handling situations differently. Following a death, a chaplain recounted how his brigade chaplain became stressed over the details of the funeral. He noted, “One time I had a brigade chaplain that overreacted, panicked, and lost it over the way the funeral service was run. It wasn't appropriate.” The supervisory experiences brigade chaplains gave to these participants seemed to be non-existent or something that most wished was handled differently. Learning from their own mistakes, several chaplains’ formative self-awareness aided with growth: “As I have worked and engaged with my own story, I have gained empathy for others who are struggling to make sense of their lives.” Furthermore, more experience in the Army assisted some of the chaplains concerning state regulations and resources. One noted, “I think what hinders at times is an inconsistency between resources and even I will say the way different posts handle mental health is inconsistent. For example, how we do it here in Hawaii is very different from how they do it in rural Alaska.” Another chaplain stated, “The gun laws in New York, Ft. Drum, versus Alaska and Kentucky are dramatically different. This means having hard conversations about access to lethal means.” These

insights showed beneficial steps that could be taken by sharing formative elements with peers.

Theme 4 – Normative Elements

The final and smaller element of data mentioned was a normative element. This pertains to the rules of confidentiality, boundaries with talking to command, and documentation in counseling. One chaplain said, “You do your due diligence because of any extra questions, people implicated and it’s unfortunate we minister in that environment.” Rules and norms can change between Active Duty and National Guard with certain state rules on confidentiality. Therefore, the ethics conversation is something that is extremely important to make sure is taught clearly to chaplains and supervisors as well as protecting your clients.

Summary

This section sought to understand a close reading of the interview data with special attention to supervisory elements for future chaplains. Specifically, the transformative element illuminated theological themes that are present for the chaplain and client. In my view, this reconstruction grounds and guides chaplains in ways that could offer supervisory experience for chaplains in the future. The result could also work towards chaplains more effectively combating suicide.

CONCLUSIONS

This conclusion will present my evaluation, recommendations, and reflection on the project. In addition, the chapter will offer insights into what I would do differently. This chapter will present the overall findings of the project, explore the strengths and weakness of the project, my reflection theologically and professionally on the project, and recommendations moving forward for Army chaplains.

Strengths of the Project

One strength of the project is how it grounded participants' self-awareness and clinical skills. The interviews attempted to assess the systemic influence suicide has had on chaplains as well as reflect on their results as pastoral counselors. The second portion pointed to the value of gatekeeper training in increasing knowledge, skills, and behaviors. The final portion illumined how portions of quality trainings impacted the chaplains and almost all felt ACE needed to be replaced. Embedded within each goal of the project, an awareness of how to more effectively attend to the suicidal soldier was an outcome beyond the scope of the project.

Another strength of the project was interacting with fellow chaplains. My learning experience was enhanced by their presence in several ways. First, I started to take ownership of the material by practicing Solution-Focused supervision in the project. During the processing session of the role-play in ASIST or in the semi-structured interviews, this brief modality helped clients focus on what could be. Part of the project increased my growth edges by learning how to supervise with formative, normative, transformative, and restorative elements in mind. Second, reading and re-reading the interviews inspired and encouraged my confidence in our Chaplain Corp. This

documented research provided me with assurance not only of God's presence in their ministry but confirmed my understanding that even without the best clinical skills God uses broken people.

Another aspect of the project was to ascertain what is said by a chaplain in counseling with a suicidal soldier. While the sample is small, ostensibly the higher degree of difficulty with the suicidal person equates with chaplains leaning on their training. Through the use of IPA, the findings demonstrated a proclivity toward hope biblical counseling or suicide intervention training. The data also highlighted confidence in identifying soldiers at risk and follow-up for referrals, but a lack of an assessment, treatment plan, and certain appropriate listening interventions. For instance, one question was "I can recognise people thinking about suicide by the way they are talking or behaving." In an alarmingly study, 66% of clients who had died by suicide denied suicidal ideation to their clinicians.[1] Therefore, one of the most important and difficult determinations caregivers must make is to be able to be confidant in identifying individuals with ideation.

Weaknesses of the Project

The data surveys and comparison of suicide trainings from Army chaplains were unable to be fully complete because of constraints and different training schedules. The project ended up sandwiched between Pacific Pathways and Joint Pacific Multinational Readiness Rotation hindering further participation from chaplains. Another obstacle was chaplain temporary duty requirements off island. All of the participants' schedules, as well as my own, limited completion of the project. With a future permanent change of

[1] Alan L. Berman, "Risk Factors Proximate to Suicide and Suicide Risk Assessment in the Context of Denied Suicide Ideation," *Suicide and Life-Threatening Behavior*, 48 (2018): 340-352.

station overseas on the way, my leave to Ohio to visit family also conflicted with participants' timelines. While the pretest surveys were completed during the interview, there was insufficient information to compare it to without everyone finishing the gatekeeper trainings. With the requirements of a three-day training for some participants, it constrained timing between myself and the requirement of having another gatekeeper trainer. Nevertheless, while the scales revealed a confidence in ability to handle a suicidal soldier, the scales showed less accuracy in recalling ASIST training in the Suicide Counseling Skills Inventory.

If it would have been complete, the first limitation of the project, the subjectivity involved would have remained. At the outset of the project, my hope was to send the surveys online to all Army chaplains. The quantitative portion of the research was going to offset the smaller qualitative sampling size. The pivot shift to qualitative reflection offered helpful experiential insights. Hopefully, the project also laid the groundwork for comparison to future studies. It would have been interesting to fill in the gaps to get upstream in addressing training needs.

Another weakness of the project was due to the Army's lengthy Electronic Institutional Review Board's requirements as well as those from the Army Human Research Protections Office (AHRPO). I was unable to achieve my initial quantitative goals on time. Without a flow chart of requirements for Army institutional approval, which I hope to give to the Chaplain Corp, future researchers will also struggle with completing their educational goals. The researcher would in hindsight scale down the focus exclusively to a more robust interview process. The delay in approval also required asking chaplains to attend some of the gatekeeper trainings I was unable to teach. Additionally, the time constraints hindered a follow-up time several months later. This

prevented participants from setting actionable goals following the training to see if additional gatekeeper training prompted more gatekeeping tendencies.

What I Would Do Differently

This project increased the researcher's personal development and interest in the mental health field. My pursuits of other trainings that could help chaplains and soldiers during a suicidal counseling led to things I wish I would have done differently. I attended several trainings during the project to increase competency for the Chaplain Corp: Crisis Response Planning by Dr. Craig Bryan, Emotionally Focused Therapy Core Skills, and other online trainings. These trainings showed me the value of listening for emotional handles and staying present in moment. I hoped to provide data points towards the lack of foundational data on chaplains' ability to listen during counselings. Measuring these outcomes with more agile methods for the interviews would have fostered more effective data points.

Upon reflection, I also would have brainstormed ways to incorporate the suicide prevention program manager and the Ready and Resilient Council (R2) into the project. It would be easier to recommend tactical touch points on effecting change with more of a shared understanding of resources offered. For instance, I signed up for the monthly R2 meetings in order to see what additional trainings and services are offered. These types of touch points offer soldiers more innovative and cutting edge options for chaplains who may not have the bandwidth or time to conduct suicide prevention.

My assumption was suicidality impacted chaplains more than the interviews revealed. While the sample size was small, another way to achieve the goal would have been to ask more explicitly how chaplains construct boundaries with their families and maybe even to ask more circular questions regarding how suicidality impacts family

dynamics. Only one of the chaplains appeared to have residue of traumatic experiences from heavy grief and loss. Identifying the suicide-related and counseling related chaplain burnout may also be a course of action for supervisors and leaders to consider.

Recommendations

The Army's organizational variables of time, money, retention, mission, and countless others require leaders to address the issue of suicide. It is my contention strategic leaders failure in the domain of suicide prevention, intervention, and postvention stems from lacking a *systemic* and *systematic* perspective. The aim of the project was to explore the interrelatedness (systemic) of suicidality in a way that also enhanced chaplains' results (systematic). These findings illuminate a way on how to ground a vision of a suicide-safer community in the Army with chaplains. The results of the study possess theoretical and practical implications for future use for chaplains and their supervisors.

First, chaplains continue to theoretically be one of the greatest buffers against suicide prevention in the Army. There will be a transition toward chaplains as secondary gatekeepers with suicide prevention and possessing less of a role. Will this be the best decision given the history of suicide training? Taken together, all the challenges, considerations, and constraints presented here offer an overview of lessons moving forward for chaplains' policies and procedures. Stakeholders within the military should consider the importance of leveraging assets and resources on hand. A more concerted effort training and leading chaplains in this endeavor should be considered in the preceding ways.

Very few grassroots initiatives occur with suicide prevention in the Army. If they do, documentation of best practices for chaplains implementing and evaluating how to

progress should be documented on the Chaplain Corps websites and schools. Moving forward, is it possible to conduct pilot programs around different installations related to their context? Each ecosystem in the Army has their own unique tempo. Jazz musician Miles Davis once quipped, "There are no wrong notes in jazz. Only notes in the wrong places." The notes the Army chooses moving forward will continue to write the music in big and small ways affecting retention, national security, morale, unit cohesion, and most importantly, a human life. Moreover, follow up data on gatekeepers and gatekeeping would allow more insight into the value of the trainings taught via self-report measures. This project is innovative in that as Dr. Carol Coohey, professor at the University of Iowa, exhorts, "We know very little about whether counselors trained in one gatekeeper model have a greater impact on client outcomes than counselors trained in another gatekeeper model or no suicide-specific training at all."[1] Gatekeeper training comparisons, self-report follow up data, and tracking participants *Suicide Prevention Action Goals* could go a long way to actionable results illumine future research.[2]

Secondly, the practical evaluation of chaplains in relation to suicidality offers a window on moving forward. The implications of the interviews contribute to the growing body of literature on chaplains and suicide prevention. Moreover, the surveys and gatekeeper comparison offer a starting point for future empirical research on how to measure gatekeeper training outcomes. There are numerous roadblocks and challenges to executing an evaluation of suicide training in the Army at the lowest level. Experientially, I learned that these include transitional moves, planning, scheduling

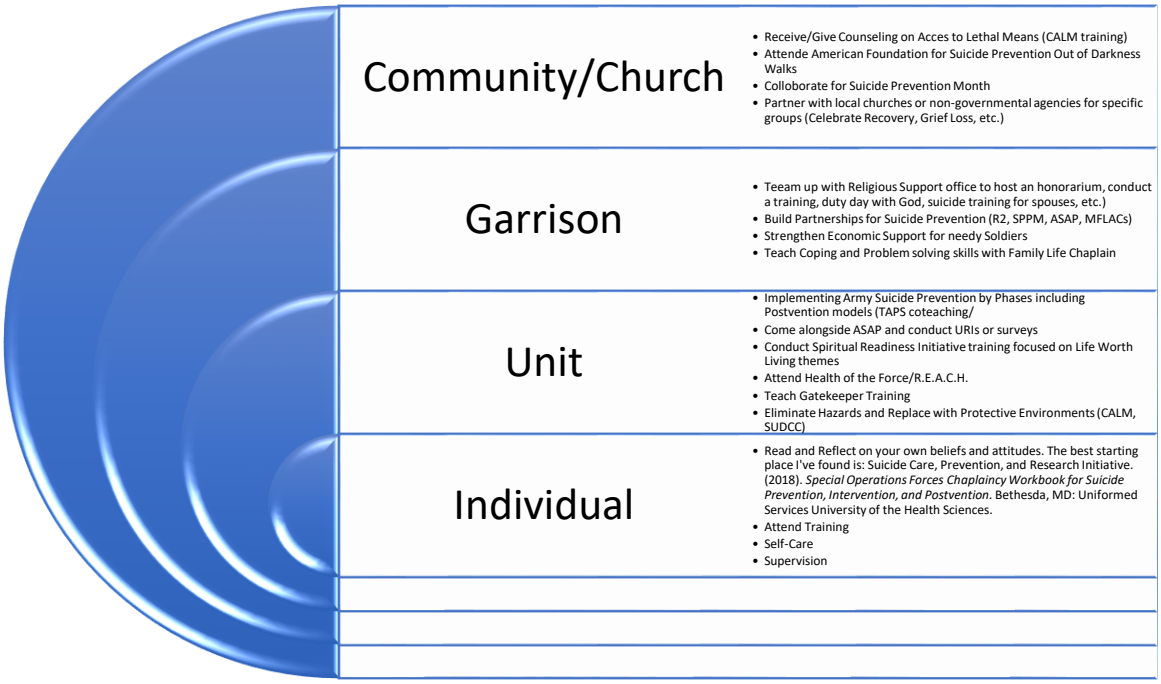
[1] C Coohey, K. Neblett, & S. Knox, "Validation of the Suicide Counseling Skills Inventory," *Crisis*, 42.4, (2021): 1-13.

[2] Found in Bazley and Pakenham, 11.

approval, resources financially, and buy-in from multiple individuals. Despite the aforementioned challenges, the results provide valuable insights into the lived experiences of chaplains. A rudimentary understanding of these aptitudes and experiences could look like more data on how suicide prevention gatekeeping impacts each chaplain.

Table 5

Starting Systems Thinking for Chaplains



Theological Reflection

The research conducted led me to learn that ministers who have undergone large exertions, whether or not they are successful, will be depleted. At the end of the project, I meditated on 1 Kings 19 recognizing how exhaustion can be used against a prophet. Warren Wiersbe points this out when he says, "Jezebel may have suspected that Elijah was a candidate for a physical and emotional breakdown after his demanding day on

Mount Carmel, and she was right. He was as human as we are, and as the ancient church fathers used to say to their disciples, 'Beware of human reactions after holy exertions.'"[3] If we allow ourselves unnecessary weaknesses, we leave ourselves open to exploitation. It is evident in 1 Kings that Elijah was spent in a way that was more than skin deep. As Paul House says, "the fact that he dismisses his servant in Beersheba, the southernmost point in Judah, then goes a day's journey farther may indicate he has given up his ministry altogether."[4] Elijah skirted off his commitments and found a place to hide, much like a wounded animal.

Similar to many chaplains exhausted after holy exertions, Elijah was no longer thinking about the future. John Bimson avers, "There is no indication that he had planned to travel further than this. The journey which followed was only possible because *an angel* (or perhaps simply 'a messenger') ministered to him."[5] Countless chaplains, including myself, live moment by moment. The job barely affords them time to plan ahead. They are not thinking about the next day. An effective ministry cannot occur if we are counting the seconds to sleep or go home. Chaplains need to allow themselves to rest before the rest becomes critical. Finding the balance between planning ahead and reacting to contact, such as a suicidal conversation, necessitates at times reflection on the transformative work at hand. Wiersbe discusses how the journey indeed is too great for believers requiring God's strength. He points out "How gracious God was to spread a

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[3] Warren Wiersbe, "The Complete OT in One Volume," in The Wiersbe Bible Commentary, vol. 1 (Ontario Canada: David Cook Distribution, 2007), 661.

[4] Paul R. House, "Elijah's Opposition to Idolatry and Oppression," in *The New American Commentary,* vol. 8, (Nashville: Broadman & Holman Publishers, 1995), 222.

[5] John J. Bimson, "1 and 2 Kings," in *New Bible Commentary: 21st Century Edition*, ed. D. A. Carson et al., 4th ed. (Leicester, England; Downers Grove, IL: Inter-Varsity Press, 1994), 360.

'table in the wilderness' for His discouraged servant (Ps. 78:19, and see Ps 23:5)."[6] When Elijah had no more strength left, the Lord gave Elijah strength to lean into. Accepting the invitation to rest goes to the heart of what it means to know God and rest goes to the heart of what it means for His people in the world to live out their purpose. This non-anxious rest may then afford chaplains the opportunity to help others have the courage to be when they have none.

Personal Reflection

The blend of qualitative and quantitative research strengthened my understanding of suicidality from a systems perspective. One of the directions I would like to pursue in the future is writing a journal for suicide prevention. My research provided me with an understanding of the process of approval with the Clinical Research Investigation team and AHRPO. Writing a journal as a family life chaplain on chaplains' knowledge, skills, behaviors, and attitudes is a professional and personal goal of mine in the future ministry context.

I can definitely say I better understand a non-judgmental presence toward those in the Army and the institution. When I started the project, I felt there was little appreciation at the strategic, operational, or institutional level for suicide prevention. I felt frustrated at how little chaplains were doing and could do for suicide prevention. Furthermore, I felt frustrated at the direction the Army was heading toward "chain teach" and chaplains as secondary gatekeepers. Conducting the interviews, I started to realize the systemic and systematic value of the chaplains on active-duty. I began to appreciate the chaplains

[6] Wiersbe, 662.

shared life and beliefs to bring "soldiers to God and God to soldiers." While the Army may move in one direction for suicide prevention, chaplains will continue to offer communities healing to our fragmented society. My opinion on what chaplains should be doing is derived from a passion for suicide prevention and my calling. However, this is not every chaplain's calling. Therefore, I realized how I am to offer without judgment projects and trainings to other chaplains to usher in the systematic results our nation's soldiers deserve.

A Closing, but not Final, Word

The researcher embarked on methods to identify and understand how suicidality impacts chaplains and how chaplains can impact suicide prevention and intervention in this project. *A Life Worth Living* explored the biblical theology arrangement of what it looks like for God's beautiful design for humanity via: *a life led well, a life going well, and a life feeling well*. The Old Testament exploration of Job showed he was not basking in the knowledge of perfect clarity. He did not see all the dots connected that would explain the suffering endured. He was simply resting in the fact that God is God. The New Testament rationale demonstrated how love for God, others, and self is the apex of our courage to be. These elements seemed to be reflected in the themes that emerged from the interviews. The practical rationale for chaplains to be aware of the transformative, formative, and restorative elements at hand in counseling suicidal individuals is not merely the assimilation of new ideas. It is significant because it weans chaplains off of deeply seated dependencies on what we think we need or know to what we all need to be prepared to do. At the intersection between soldiers and their families, chaplains need more efficient skills to treat all individuals with the respect they deserve.

For me, the project provoked more questions than provided answers. However, one parting belief became ever more clear. Like the church, on the whole, the Army possesses a great number of emotionally, morally, and psychologically underdeveloped soldiers. The higher proportion of these needy people need purpose, motivation, and direction towards life with meaning, values, endurance in suffering, and hope. Only one job in the Army exists with this end for a life worth living.

APPENDIX A

Informed Consent Form

Title of Study

A Life Worth Living: Evaluating and Assisting Army Chaplains in Suicide Prevention

Researcher

John Cochran/Doctorate of Ministry at Gardner Webb School of Divinity

Purpose

As a U.S. Army chaplain on active duty, I observe suicide as a significant problem in the Army. I have met numerous chaplains who desire more skills to help Soldiers in their time of need. However, there continues to be an overall lack of understanding of how chaplains can contribute to fighting this significant public health crisis. The purpose of this project is threefold: (1) to assess the impact of suicidality on chaplains by interpretative phenomenological analysis; (2) to analyze the Unit Ministry Team's (UMT) efficacy in suicide prevention and intervention; and (3) comparing gatekeeper trainings head-to-head in the context of the chaplaincy and suicide prevention in order to assist in evaluating the effectiveness and cost-benefits of the different models. The project will provide actionable conclusions of how chaplains can more effectively identify, intervene, and influence U.S. Army Soldiers away from the risk of suicide towards a life worth living.

Procedure:

The project will consist of about 10 Army chaplains. Before the training, the chaplains will fill out pretest questionnaires. The control group will consist of five chaplains which have taken ASIST workshop previously and five will take ASIST after the interviews are conducted. All of the chaplains will receive additional training for head-to-head comparisons of suicide prevention trainings.

These chaplains will be selected at random to participate in a three-day workshop. During the workshops there will be trainings on suicide prevention. After the training, there will be a questionnaire survey of the trainings. All of these activities are on a voluntary basis.

After the workshop, the chaplains will be retested with the same questionnaires used for the pretest. The research can demonstrate how training influences their intervention behavior as well as potentially measure how training can impact their interventions.

Time Required

If you are a part of the qualitative interviews, up to an hour of your time will be conducted prior to the trainings.

If you are part of the control group (ASIST trained), it is anticipated that the study will require 1 day of your time (pretest, two head-to-head trainings, and posttest).

If you are selected as part of the group participating in pretest, 3 day workshops, and posttest, it is anticipated that it will be three days of training. Following 10 weeks, the posttest will be given to see if any of the skills learned were able to be implemented and how it impacted the intervention.

It will take approximately 30 minutes for the pretest and posttest questionnaires.

Below is a tentative schedule:

Day One

7:45 – 8:00 a.m. – Prayer and devotion
8:00 – 8:30 a.m. – Pretests
8:30 – 10:00 a.m. – ASIST tasks Day 1:1.1 – 1.6 then 10 minute break
10:10 – 11:30 a.m. – ASIST tasks Day 1:2.1 – 2.4
11:30 – 13:00 p.m. – Lunch
13:00 – 16:30 p.m. - ASIST tasks Day 1:3.1- 3.10 then collect materials

Day Two

7:45 – 8:00 a.m. – Prayer and devotion
8:00 – 9:00 a.m. – ASIST tasks Day 2:4.1 – 4.2 then 15 minute break
9:15 – 11:30 a.m. – ASIST tasks Day 2:4.3 – 4.8
11:30 – 12:30 p.m. – Lunch
12:30 – 16:30 p.m. - ASIST tasks Day 2:4.9 – 5.4
16:30 – 17:00 – ASIST Evaluation feedback

Day Three

7:45 – 8:00 a.m. – Prayer and devotion
8:00 – 11:00 a.m. – Question, Persuade, Refer then QPR evaluation and a 15 minute break
11:15 – 12:30 p.m. – Lunch
12:30 – 16:00 p.m. – safeTALK training
16:00 – 16:30 p.m. – Posttests
3 months later the Follow-up posttest will be sent out by email.

Voluntary Participation

All participation and training is voluntary. You have the right to withdraw from the project at any time without penalty. Furthermore, you have permission to refrain from answering questions without penalty as well. If you desire to withdraw from the project, you may request that your information collected be removed.

Confidentiality

The information that you give in the study will be confidential. Your information will be anonymous. In no way will your name be connected to the data. No names will be used in the written portion of the research. Due to the scope of chaplains on a base, it could be possible to deduce your identity; however, your data will be stated in a way that it will not identify you. Note that all electronic and hard copy documents will be securely stored and accessible only for this study. Electronic documents will be stored on CAC-accessible, government-issued computers and hard copy documents will be stored in a locked file cabinet in the PI's office. A master code sheet will contain subject identifiers and a unique subject code assigned to each subject. The data collection sheet will contain the unique subject code and the compiled data in a password-protected Microsoft Excel Spreadsheet. The master code sheet will be stored in a separate, password-protected document and will be destroyed immediately after the conclusion of the study. Only authorized study personnel will have access to the data and the link. The de-identified data collection sheet will be securely stored in the PI's department for at least 6 years after the completion of the study.

Risks

There is no risk in this project.

Benefits

The benefits of the participants lie only in receiving training and skills in suicide prevention. The study may help chaplains more effectively analyze what training positively influence chaplains.

Payment

There is no payment for participating in the project.

How to Withdraw from the Project

Participants have a right to withdraw at any time by telling the researcher. No penalty occurs due to withdrawing. If the participant desires to withdraw after the training, please contact John Cochran by phone at 678-617-3036 or email at john.s.cochran9.mil@mail.mil

If you have questions about the study, contact:

CH (CPT), John Cochran
School of Divinity at Gardner-Webb University
(678) 617-3036 or john.s.cochran9.mil@mail.mil

Dr. Cal Robertson
Faculty Research Advisor
School of Divinity at Gardner-Webb University
(704) 406-3821 or crobertson@Gardner-Webb.edu

Dr. Sydney K. Brown
IRB Institutional Administrator
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

Voluntary Consent by Participant

I have read the information in this consent form and fully comply with the contents of this document. I have had a chance to ask questions concerning this project and agree to participate.

_____ Date:_____
Participant Printed Name

_____ Date:_____
Participant Signature

You will receive a copy of consent for your records.

Appendix B

Participant # __

Research Questionnaire

Please complete the following information and input your unique non-identifiable ID here: _____
(this is generated by … insert own instructions e.g. first letter of last name and last two letters of first name with last two digits of year born [e.g., eas88])

Rank:
Gender: Age:
Years served in the military:
Number of months deployed to combat:
Religion:
Race:
Education:

For each of the below issues, please provide two responses. First, indicate how often you see Service members with the below problems. Second, indicate how well your training has prepared you to provide pastoral care to Service members with the problems listed below.

	1. How often?			2.How well has training prepared?		
	Rarely	**Sometimes**	**Frequently**	**Not Prepared**	**Somewhat Prepared**	**Very Prepared**
a. Anxiety	☐	☐	☐	☐	☐	☐
b. Guilt	☐	☐	☐	☐	☐	☐
c. Depression	☐	☐	☐	☐	☐	☐
d. Posttraumatic stress	☐	☐	☐	☐	☐	☐
e. Traumatic brain injury (TBI)	☐	☐	☐	☐	☐	☐
f. Psychosis	☐	☐	☐	☐	☐	☐
g. Anger	☐	☐	☐	☐	☐	☐
h. Difficulty forgiving others	☐	☐	☐	☐	☐	☐
i. Work stress	☐	☐	☐	☐	☐	☐
j. Relationship or family stress	☐	☐	☐	☐	☐	☐
k. Sleep problems	☐	☐	☐	☐	☐	☐
l. Spiritual struggle understanding loss/trauma	☐	☐	☐	☐	☐	☐
m. Suicidal thoughts/intentions	☐	☐	☐	☐	☐	☐
n. Financial problems	☐	☐	☐	☐	☐	☐
o. Legal problems	☐	☐	☐	☐	☐	☐
p. Homelessness	☐	☐	☐	☐	☐	☐
q. Difficulty forgiving self	☐	☐	☐	☐	☐	☐
r. Sexual assault victimization	☐	☐	☐	☐	☐	☐
s. Sexual assault perpetration	☐	☐	☐	☐	☐	☐
t. Domestic violence victimization	☐	☐	☐	☐	☐	☐
u. Domestic violence perpetration	☐	☐	☐	☐	☐	☐
v. Struggle accepting significant life events	☐	☐	☐	☐	☐	☐
w. Alcohol abuse	☐	☐	☐	☐	☐	☐

	1. How often?			2.How well has training prepared?		
	Rarely	**Sometimes**	**Frequently**	**Not Prepared**	**Somewhat Prepared**	**Very Prepared**
x. Illicit drug use	☐	☐	☐	☐	☐	☐
y. Prescription drug misuse	☐	☐	☐	☐	☐	☐
z. Physical health problems	☐	☐	☐	☐	☐	☐
aa. Difficulty accepting forgiveness	☐	☐	☐	☐	☐	☐
bb. Chronic pain	☐	☐	☐	☐	☐	☐
cc. Moral injury	☐	☐	☐	☐	☐	☐
dd. Separation/Discharge from the military	☐	☐	☐	☐	☐	☐
ee. Struggle with religious belief system	☐	☐	☐	☐	☐	☐
ff. Other spiritual struggle	☐	☐	☐	☐	☐	☐
gg. Existential Crisis	☐	☐	☐	☐	☐	☐
hh. Pornography	☐	☐	☐	☐	☐	☐
ii. Distress related to gender identity	☐	☐	☐	☐	☐	☐

Likelihood to intervene

From a survey conducted by RAND in November 2012 of Active and Reserve Component chaplains and chaplain assistants (Ramchand, Ayer, Geyer, & Kofner, 2015, 2016). The authors noted that six of the items had been used in previous studies of gatekeeping (Tompkins & Witt, 2009), and they added three items to capture interventions that may be encouraged or used in the military context.

Please indicate how likely it is that you would engage in the following behaviors, if a Service member shows signs that they might be thinking about suicide.

	Not at all likely	**Somewhat likely**	**Likely**	**Very likely**
a. I raise the question of suicide with the Service member.	☐	☐	☐	☐

	Not at all likely	Somewhat likely	Likely	Very likely
b. I seek to get more information from the Service member about whether they have a plan to commit suicide.	☐	☐	☐	☐
c. I encourage the Service member to get help.	☐	☐	☐	☐
d. After receiving permission from the Service member, I call a crisis line (e.g., 911, Military OneSource) to get help.	☐	☐	☐	☐
e. After receiving permission from the Service member, I take the Service member to get help (e.g., hospital, mental health provider).	☐	☐	☐	☐
f. I encourage the Service member to talk about their problems and suicidal thoughts.	☐	☐	☐	☐
g. After receiving permission from the Service member, I tell a supervisor in the Service member's chain of command.	☐	☐	☐	☐
h. I take weapons away from the Service member.	☐	☐	☐	☐
i. I disable the Service member's weapon.	☐	☐	☐	☐

Abilities and awareness and use of resources

Items developed by Mental Health and Chaplaincy in conjunction with VA Health Services Research and Development (HSR&D) for the Mental Health Integration for Chaplain Services (MHICS) training program.

Please indicate your agreement with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I can identify Service members who are at imminent risk for suicide.	☐	☐	☐	☐	☐
b. I can reach out to mental health providers to care for suicidal Service members when indicated.	☐	☐	☐	☐	☐
c. I am able to effectively communicate with mental health providers to care for suicidal Service members when indicated.	☐	☐	☐	☐	☐
d. I can engage Command leadership in the care of suicidal Service members when indicated.	☐	☐	☐	☐	☐

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
e. I can communicate in an actionable way with Command leadership about a suicidal Service member.	☐	☐	☐	☐	☐
f. I can provide useful feedback to Command leadership when asked about suicide.	☐	☐	☐	☐	☐
g. I can articulate the significance of the chaplain role in suicide prevention and intervention to mental health providers.	☐	☐	☐	☐	☐
h. I can train and equip Command enlisted leadership on how to use chaplains in the context of suicide prevention.	☐	☐	☐	☐	☐
i. I can train and equip Command officer leadership on how to use chaplains in the context of suicide prevention.	☐	☐	☐	☐	☐
j. Those responsible for critical incident response in my Command understand my role as a chaplain and integrate me into the response and care plans.	☐	☐	☐	☐	☐
k. I am well-aware of suicide prevention resources in the DoD.	☐	☐	☐	☐	☐
l. I am well-aware of suicide prevention resources in the community.	☐	☐	☐	☐	☐
m. I have made use of suicide prevention resources in the DoD in providing care to Service members.	☐	☐	☐	☐	☐
n. I have made use of suicide prevention resources in the community to provide care for Service members.	☐	☐	☐	☐	☐
o. There are effective structures in place to ensure that suicidal Service members receive the services they need.	☐	☐	☐	☐	☐
p. I feel that I provide high-quality and competent spiritual care to Service members who are suicidal.	☐	☐	☐	☐	☐
q. I frequently employ the suicide prevention training I have received to date.	☐	☐	☐	☐	☐
r. The suicide prevention training I have received to date has been very helpful.	☐	☐	☐	☐	☐

Perceived stigma about accessing mental health care

From a survey conducted by RAND in November 2012 of Active and Reserve Component chaplains and chaplain assistants (Ramchand, Ayer, Geyer, & Kofner, 2015, 2016).

Please indicate your agreement with the following statements.

If a Service member sought mental health treatment to deal with suicidal thoughts…	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
a. It would be embarrassing for him/her	☐	☐	☐	☐	☐
b. It would harm the person's reputation	☐	☐	☐	☐	☐
c. It would not be kept confidential	☐	☐	☐	☐	☐
d. The person's peers might treat him/her differently	☐	☐	☐	☐	☐
e. The person's peers would blame him/her for the problem	☐	☐	☐	☐	☐
f. The person would be seen as weak	☐	☐	☐	☐	☐
g. People important to the person would think less of him/her	☐	☐	☐	☐	☐

Efficacy to intervene

From a survey conducted by RAND in November 2012 of Active and Reserve Component chaplains and chaplain assistants (Ramchand, Ayer, Geyer, & Kofner, 2015, 2016). Note that item e needs to be reverse-scored.

Please indicate your agreement with the following statements.

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
a. My service encourages me to ask other Service members about their thoughts of suicide	☐	☐	☐	☐	☐
b. I feel comfortable discussing suicidal issues with other Service members	☐	☐	☐	☐	☐
c. I am aware of the warning signs of suicide	☐	☐	☐	☐	☐
d. I can recognize fellow Service members contemplating suicide by the way they behave	☐	☐	☐	☐	☐
e. I don't have the necessary skills to discuss suicide issues with a fellow Service member	☐	☐	☐	☐	☐

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
f. I know most Service members well enough to question them about suicide	☐	☐	☐	☐	☐

Reluctance to intervene

From a survey conducted by RAND in November 2012 of Active and Reserve Component chaplains and chaplain assistants (Ramchand, Ayer, Geyer, & Kofner, 2015, 2016). Note that items a and b need to be reverse-scored.

Please indicate your agreement with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. People in my rank and occupation should be responsible for discussing suicide with Service members	☐	☐	☐	☐	☐
b. The suicide prevention program(s) in my service send messages to Service members that help is available	☐	☐	☐	☐	☐
c. If a person contemplating suicide refuses to seek help it should not be forced on them	☐	☐	☐	☐	☐
d. Having a suicide prevention program in my service gives people unwanted ideas about suicide	☐	☐	☐	☐	☐
e. I am too busy to participate in suicide prevention activities	☐	☐	☐	☐	☐

Risk Assessment

1. Do you ever implement assessment tools to explore suicidality prior to or after suicidal clients? If you do not work with suicidal patients, please check "Not Applicable."
   o Yes o No o Not Applicable

   If "Yes," what percentage of the time do you use standardized assessment tools to explore suicidality?

o	o	o	o
A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time

If "Yes," what specific assessment tools do you use?

Treatment Planning

2. Do you establish a timeframe or duration for treatment with your suicidal individuals? If you do not work with suicidal patients, please click "Not Applicable."
   o Yes o No o Not Applicable

If "Yes," what is the usual timeframe or duration?
o 1 or more weeks o 1-3 month o 4 - 5 months o 1 year o as needed?

3. Do you discuss barriers to attending counseling, suicide contracts, or crisis response plans?

Interventions

How often do you use the following interventions as part of treatment with suicidal patients? If you do not work with suicidal patients, please click "Not Applicable."

4. ACT Therapy (e.g., acceptance of negative thoughts and feelings; identifying and committing to valued actions).

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

5. CBT methods methods (e.g., ABC worksheets/thought records/thought logs; cognitive-restructuring; chain analysis; relaxation training; sleep hygiene)

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

6. DBT skills (Distress Tolerance; Emotion Regulation; Interpersonal Effectiveness; Mindfulness)

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

7. CASE Approach

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

8. Biblical Counseling methods

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

9. CAMS method

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

10. Engaging their community as part of the treatment plan.

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

11. ASIST or safeTALK

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

12. QPR

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

13. Other _____

o	o	o	o	o	o
None of the time	A Small Percentage of the Time	About Half of the Time	Most of the Time	All of the Time	N/A

14. If you use a strategy (or strategies) that falls (or falls) under "Other," what/how do you use?

15. To what degree do you focus on cultivating a sense of purpose and meaning when working with suicidal patients? If you do not work with suicidal patients, please click "Not Applicable."

o	o	o	o	o	o	o	o
Not at All	2	3	Somewhat	5	6	To a Great Degree	N/A

16. What, if anything, do you do to cultivate a sense of purpose or meaning when working with suicidal patients?

Appendix C

Pre-Test Semi-Structured Interview

Please complete the following information and input your unique non-identifiable ID here: _____
(this is generated by … insert own instructions e.g. first letter of last name and last two letters of first name with last two digits of year born [e.g., eas88])

Rank:
Gender: Age:
Years served in the military:
Number of months deployed to combat:
Religion:
Race:
Education:

Interview questions

1. I would like to start with learning about your story. Tell me about why you joined the Army.
2. How do you perceive your role as a pastoral counselor and how have counseling affected you over your career?
3. Do you remember when you first encountered a suicidal Soldier or a death by suicide?
4. What stories stand out to you the most concerning suicidality in your career?
5. Have you ever had a Soldier you were counseling die by suicide? How long had you been working with the Soldier or family member? While maintaining the confidentiality of your client, can you tell me about your experience of the client's death.
6. How did you find out they died? Do you remember your initial feelings?...the family's feelings?
7. How did your experience of the death, attempt, ideation affect your interpersonal relationships? (e.g., family, work, friends)
8. How did the death affect you spiritually? How did it impact you personally?
9. How, if differently, did you process the suicidal death, attempt, ideation experience?
10. What helped you in the process and what hindered you?
11. What reactions do you have when anticipating working with a suicidal individual?
12. Over your career, what have, if anything, done differently in response to suicidality?
13. What sacred text imagery comes to your mind when you think about suicide?
14. What advice would you give your younger self in regards to suicidal prevention and intervention?
15. Has any supervision influenced you positively or negatively in this regard?
16. Gatekeeper training
    a. Did you teach suicide in the past year? If so, how many hours?
    b. Did you receive suicide training?
    c. List any suicide training over your career that impacts your ministry? What was the format, time, topics covered (suicide warning signs, listening skills) and content aspects of training?
    d. In what ways has suicide training impacted increase your knowledge and skills working with suicidal patients?

e. Do you utilize the training received in the intervention, a variation, or your own method? How often over the past year?
f. How has the training received in the Army prepared you or not prepared you?
g. How did it affect your confidence?

17. Since the start of your chaplaincy career, please indicate how often you have used the following interventions with clients.

Never, Very Rarely, Rarely, Occasionally, Frequently, Very Frequently, Always

b. Asked clients to elaborate on specific actions, feelings, or words used during the session, and/or specifically asked about physical appearance.
c. Used closed and open-ended questions to directly ask about my client's issues and concerns.
d. Used a reflection of feeling or meaning to help my client feel completely heard and understood.
e. Assisted my client to help her/him identify sources of support and hope in her/his life.
f. Helped my client develop a temporary, or short-term plan, to deal with their specific issue or concerns.
g. Asked my client to repeat the plan and any actions associated with the plan, to assess their commitment to the plan.

18. Questions pertaining to regulations for the chaplaincy and suicide prevention:

a. What regulations about chaplaincy and suicide prevention do you know? What do they say?
b. How should/should not chaplains be used in regards to suicide prevention?
c. What could chaplains do better to be nested in commander's intent in regards to suicide prevention?
d. What did your commander say to 4c?
e. How often do you refer suicidal Soldiers and to whom?

19. Questions concerning the variety of strategies designed to assess suicidality:
a. Do you use any screening devices to assess for suicidality?
b. Do you use any self-report inventories to assess for suicidality or clinician-administered rating scales?
c. How do you structure or coauthor the "crisis response plan" with a suicidal interview (semi-structured clinical interviews or follow various guidelines)?
d. Do you know of any evidence-based protocols for assessing suicide?

20. Questions concerning attitudes and beliefs about suicide:
a. In general, suicide is a sin not to be condoned.
b. Suicide is a very serious moral transgression.

c. Suicide goes against the laws of God or the divine.
d. People who commit suicide lack religious convictions.
e. Most people who attempt suicide do not believe in God.
f. People who attempt suicide are, as a group, less religious.

Appendix D

Pre-Test Questionnaire

Gatekeeping Behavior Scale **(This scale presented pre-test and follow-up only)**

"In the past x months, how many times do you think you would have done the following (please tick the relevant box)". *N.B. 'x' represents the time period of delay to your follow-up evaluation. This question is presented at pre- and follow-up resulting in comparable time periods of reported data.*

Scoring:

0 - Never
1 - 1-2 times
2 - 3-5 times
3 - 6-10 times
4 - 10+ times

Behavior items (6):

1	Asked someone if they were having thoughts of suicide
2	Listened to someone who is confiding in you about their thoughts of suicide
3	Identified that someone may be experiencing depression or suicidal thoughts/behaviours
4	Referred someone to seek help from a mental health professional (eg, psychologist, counsellor)
5	Provided someone with contact details for mental health services
6	Followed up with someone after they have expressed they are depressed/having thoughts of suicide

(The below scales presented at all data collection points)

Perceived Knowledge

How much do you feel you currently know about the following, on the scale from 'Nothing' (1) to 'Very much' (7)? Scoring:

1 – nothing

2 – very little
3 – a little
4 – a moderate amount
5 – a fair amount
6 – quite a bit
7 – very much

Perceived knowledge scale items (7):

1	How to identify signs or symptoms of suicidal thoughts and behaviours
2	How to identify and access help services in your area or region
3	How to refer someone to access mental health support services and/or crisis care
4	What questions to ask to identify suicidal thoughts and behaviours
5	What to do if someone does not want to disclose suicidal thoughts and behaviours
6	Your role in identifying suicidal thoughts and behaviours
7	What to say and not say in discussions with someone with suicidal thoughts and behaviours

Perceived Preparedness

Using the scale 'Not prepared at all' (1) to 'Very well prepared' (7), which best describes how prepared you feel to do the following:

Scoring:

1 – Not prepared at all
2 – Minimally prepared
3 – Slightly prepared
4 – Moderately prepared
5 – Fairly well prepared
6 – Quite well prepared
7 – Very well prepared

Perceived preparedness scale items (5):

1	Ask questions about suicide
2	Respond to someone who tells you they are having thoughts of suicide
3	Identify the signs of depression and suicidality based on a person's actions or behaviours
4	Support someone experiencing suicidal thoughts or behaviours to seek help
5	Make referrals to a mental health professional or GP

Gatekeeper Efficacy Scale

For each of the following statements, please indicate your response on the scale from 'Strongly disagree' (1) to 'Strongly agree' (7): Scoring:

1 – Strongly disagree
2 – Disagree
3 – Somewhat disagree
4 – Neutral
5 – Somewhat agree
6 – Agree
7 – Strongly agree

Efficacy scale items (9):

1	I can make referrals within my community for people thinking about suicide.
2	I feel comfortable discussing suicide issues with people in my community.
3*	I don't have the necessary skills to discuss suicide issues with people in my community.
4	I know service providers in my community who can help people thinking about suicide.
5	I am aware of the warning signs for suicide.
6	I can recognise people thinking about suicide by the way they are talking or behaving.
7	My workplace encourages me to ask my peers about thoughts of suicide.
8*	I do not have sufficient training to assist people who are thinking about suicide.
9*	I would need to know the person well to be able to question them about suicide.

* = *reverse scoring.*

Gatekeeper Reluctance Scale

For each of the following statements, please indicate your response on the scale from 'Strongly disagree' (1) to 'Strongly agree' (7):

Scoring:

1 – Strongly disagree
2 – Disagree
3 – Somewhat disagree
4 – Neutral
5 – Somewhat agree
6 – Agree
7 – Strongly agree

Reluctance scale items (8):

1	If a person experiencing thoughts of suicide does not acknowledge the situation, there is very little that I can do to help.
2	General public citizens should not be responsible for discussing suicide with people.
3	If a person thinking about suicide does not seek assistance, there is nothing I can do to help.

4	A suicide prevention program in my community will give people unwanted ideas about suicide.
5	I am too busy to participate in suicide prevention activities.
6	I cannot understand why someone in my community would think about suicide.
7	If a person thinking about suicide refuses to seek help, it should not be forced upon them.
8*	A suicide prevention program in my community will send a message to people that help is available.

* = *reverse scoring.*

Appendix E

Post-Test Interview Questionnaire

Please complete the following information:

Rank:
Gender: Age:
Years served in the military:
Number of months deployed to combat:

Since the start of your chaplaincy career, please indicate how often you have used the following interventions with clients.

Never, Very Rarely, Rarely, Occasionally, Frequently, Very Frequently, Always

1. Asked clients to elaborate on specific actions, feelings, or words used during the session,
and/or specifically asked about physical appearance.
2. Used closed and open-ended questions to directly ask about my client's issues and concerns.
3. Used a reflection of feeling or meaning to help my client feel completely heard and understood.
4. Assisted my client to help her/him identify sources of support and hope in her/his life.
5. Helped my client develop a temporary, or short-term plan, to deal with their specific issue
or concerns.
6. Asked my client to repeat the plan and any actions associated with the plan, to assess their commitment to the plan.

Suicidal Behaviors

1. Thinking back to the start of the project, did any of your Soldiers appear at risk of suicide that you didn't notice?

o Yes
o No

2. Since the start of the project, did any of your Soldiers say they were thinking of killing themselves, ending their life, or dying by suicide?

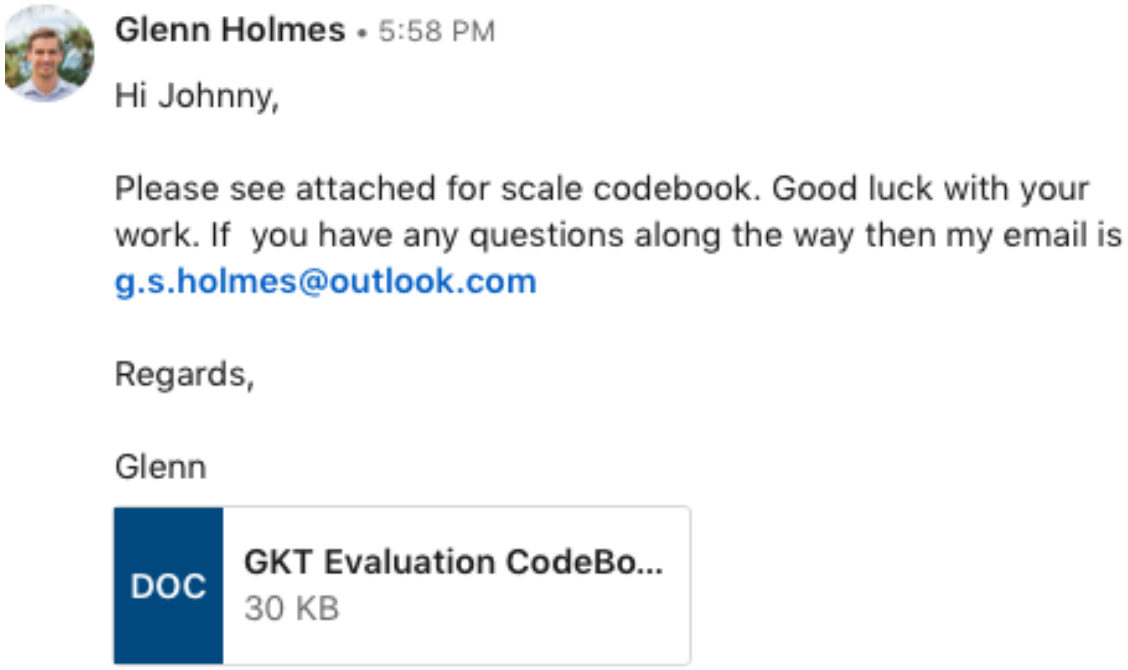
o Yes
o No

Table 6: Gatekeeper Comparison			
Skills area: 1 to 5	**ASIST**	**QPR**	**safeTALK**
Knowledge gained suicide prevention in the community of the Army			
Knowledge about the impact of your own attitudes and beliefs about suicide			
How to detect risk factors and warning signs			
Learned listening skills to intervene			
Ability to provide a safe plan to help person with thoughts of suicide			
Useful for knowledge of resources available for suicidal person (individual and community)			
Perceptions from each curriculum from users	***Variables to consider* (time, cost, experience, rank, age, unit, etc.)**		
PROS:			
CONS:			
What is the recommended target audience for this			

curriculum?			
What aspects of the curriculum best inform your counseling?			
How critical is role-play?			
Suicide Prevention Actionable Goals (AAR)	***This section is for follow-up only***		
What is your desired goal from the list or own your own?			
Did you accomplish that goal(s)?			
What went well or what would you do differently?			
How did this enhance your ministry?			
How did the gatekeeper trainings impact your experience(s), if any, on suicidality?			

Appendix F

Approval Forms



Glenn Holmes • 5:58 PM

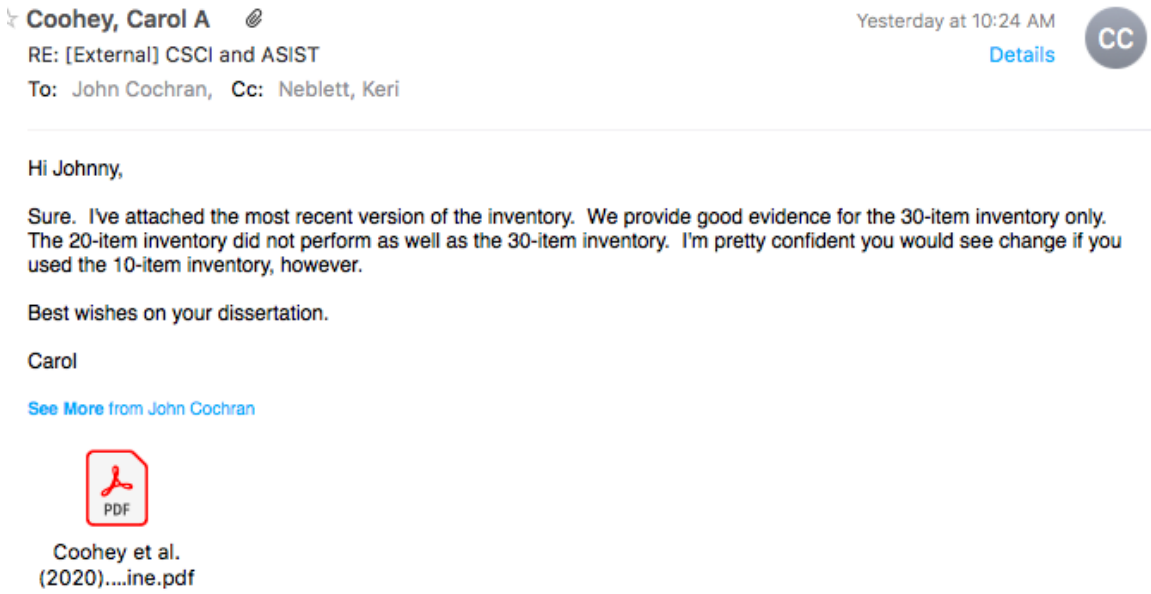
Hi Johnny,

Please see attached for scale codebook. Good luck with your work. If you have any questions along the way then my email is g.s.holmes@outlook.com

Regards,

Glenn

DOC **GKT Evaluation CodeBo...**
30 KB



Coohey, Carol A
RE: [External] CSCI and ASIST
To: John Cochran, Cc: Neblett, Keri

Yesterday at 10:24 AM
Details

CC

Hi Johnny,

Sure. I've attached the most recent version of the inventory. We provide good evidence for the 30-item inventory only. The 20-item inventory did not perform as well as the 30-item inventory. I'm pretty confident you would see change if you used the 10-item inventory, however.

Best wishes on your dissertation.

Carol

See More from John Cochran

PDF
Coohey et al. (2020)....ine.pdf

From: **Jason Nieuwsma, Ph.D.** jason.nieuwsma@duke.edu
Subject: Re: Army chaplaincy and suicide at Ft. Bragg
Date: March 31, 2020 at 3:10 PM
To: John Cochran jc20bike@gmail.com
Cc: Wortmann, Jennifer H Jennifer.Wortmann@va.gov

JN

Chaplain Cochran,

I love that you just lean right into the "...you must acquit" quote - own it 🙂. I met an Army chaplain colleague of yours a month back at the Pentagon named Billy Graham - he had a similar spirit. Admire that.

Yes, absolutely go ahead and replicate. That would be great. We've actually asked an enhanced set of questions on some more recent surveys of military and VA chaplains. I'm copying a colleague of mine here, Dr. Jen Wortmann, who has been working with some of that data recently and should at least be able to pass along the questions we've asked if not also supply some of the information on where the questions were derived from.

And I'm so pleased you're enjoying the ACT book. Obviously, you're in the midst of doing a DMin already. We offer a recurring training, though, for VA and DoD chaplains entitled "Mental Health Integration for Chaplain Services" (MHICS), which we've just recently further developed into a DMin program we're offering through Vanderbilt Divinity School. With your interests, it would've been a great fit, but you're clearly already on down the DMin road. In case you have any colleagues that you think may have interest, here's the link: https://divinity.vanderbilt.edu/dmin.php

All the best!

Jason

Jason Nieuwsma, Ph.D.
Associate Director, VA Mental Health & Chaplaincy
Associate Professor, Duke University Medical Center
VA Mid-Atlantic MIRECC
3022 Croasdaile Dr., Suite 301
Durham, NC 27705
Phone: 919-384-8582 ext. 4048
Fax: 919-384-8598

From: John Cochran <jc20bike@gmail.com>
Sent: Tuesday, March 31, 2020 1:57 PM
To: Jason Nieuwsma, Ph.D. <jason.nieuwsma@duke.edu>
Subject: Army chaplaincy and suicide at Ft. Bragg

Dr. Nieuwsma,

Good afternoon sir, I am currently doing my D.Min project on the ASIST program at Ft. Bragg. Aside from the chaplains I'll interview, I am about hoping to do a similar survey at Bragg that you did on chaplains engagement with suicidality. In that journal, there are 32 questions asked, is it possible for me to replicate that in the survey I give?... in addition to

Chapel request must be submitted no less than 10 days prior to event an no more than 90 days prior to an event.

By filling out this form you are requesting the use of property assigned to the Garrison Chaplain's Office, USAG-HI. By your signature youare acknowledging that you are a self-sustaining entity responsible for setting up your event and providing individuals to return the property back to its original condition. Your chaplain or chaplain assistant will be responsible to sign for and return all keys.

Chapel/Facility Requested: Main Post Chapel Annex

Complete Co./Unit Name: 715th MI BN

Event Name: Suicide Prevention Training

Unit Phone Number: 678-617-3036

Start Time (include set-up): 1600

Date Needed: July 13-15 2022

End Time (include clean-up): 1800

Requester's Rank and Name: CH CPT Johnny Cochran

Requesters Phone Number: 770-378-1117

Requester's Email: John.s.cochran.mil@mail.mil

Number of Personnel Expected: 20

Reoccurrence: Every day of

Unit 1SG AND CDR names and phones: 1SG Nichole, Dicker 808-787-7035, CPT Sephanie Fletcher 808-787-7034

For Officical Use Only

Date Received: 15NOV2021

☑ Approved ☐ Denied Date: 17NOV2021

Signature: ROCKWELL.ALYSSA.EVE.1555109306 Digitally signed by ROCKWELL.ALYSSA.EVE.1555109306 Date: 2021.11.17 15:30:22 -10'00'

AREAS REQUESTED (check and specify)

☐	Main Sanctuary	☐	Baptistery
	Fellowship (Activity) Area	✔	Classrooms: Main Classrom in the Annex (212)
	Kitchen		Nursery (**Must arrange for Child Care Workers**)

The information below is required; if you fail to return the area of operation to the condition in which you found it than your Unit MinistryTeam (UMT) will be placed on a **30 day** probation. Additionally, the Chaplain's signature acknowledges that either the Chaplain or Assistant will be in attendance at the event .

Sponsoring Chaplain/Chaplain Assistant: CH Johnny Cochran

678-617-3036

Signature: COCHRAN.JOHN.SIMON.1408873343 Digitally signed by COCHRAN.JOHN.SIMON.1408873343 Date: 2021.11.04 14:11:49 -10'00'

Contact Number:

READ AND ACKNOWLEDGE ALL BELOW:

Priority of support for Chapels and Religious Support facilities (in order of precedence):

1. Religious Services
2. Memorial Ceremonies/Services
3. Reoccurring religious events (PWOC, CWOC, MOPS, etc.)
4. Weddings
5. Unit Chaplain led events (spiritual resiliency, Strong Bonds, etc.)
6. Reoccurring nonreligious events
7. Unit-sponsored briefings (FRG, ASIST, etc.)

Please Initial:

jc _____ It is understood that this event can be cancelled or postponed due to any of the above prioties within 48 hours of your event.

jc _____ Event requester/coordinator has sole responsibility for set-up and tear-down of the entire event. Equipment or chapel furniture will not be moved without coordination and will be returned to the position in which it was found.

jc _____ All latrines will be cleaned and all trash will be removed from them as well as the kitchen area.

jc _____ In the event of any damage done to the property, the unit of the requester will be held responsible for the cost of clean-up and repair.

jc _____

jc _____

jc Food and Beverage (NonAlcoholic) are allowed in the Kitchen and the Fellowship Hall **ONLY.**

Requested start – end time will include set-up, execution, and reset/clean-up.

_____ Failure to comply with the policies for use as set out by the USAG-HI Chapel SOP and this form will result in a loss of all privileges to use any Chapel property in the future.

Appendix G – Trainer Teaching Tasks

ASIST

ASIST 11.1 Trainer Tasks

DATE	WORKSHOP LOCATION	TRAINERS
TBD	ESC Resiliency Center	John Cochran and Ed Chavis

Day 1

WHO	TIME	DURATION	PREPARING TASK/ACTIVITY (DAY 1)	NOTES
ED	0830	15 min.	1.1 Registration	
JOHN	0845	15 min.	1.2 Why First Aid?	
ED	0900	5 min.	1.3 Why ASIST Training is Needed	
JOHN	0905	15 min.	1.4 About the Participants	
ED	0920	10 min.	1.5 About the Workshop	
0930: 10–MINUTE REFRESHMENT BREAK				
JOHN	0940	20 min.	1.6 About Connecting and show *Cause of Death?*	
ED	1000	10 min.	Move to workgroups. Tip: This 10-minutes is for trainers to re-set the room and for participants to move and get settled. It is not a break.	

WHO	TIME	DURATION	CONNECTING TASK/ACTIVITY (DAY 1)	NOTES
All trainers			2.1 Review the Goals of this Section	Evening Before
JOHN	1010	50 min.	2.2 Connecting Feelings and Experiences with Suicide and Helping	
ED	1100	30 min.	2.3 Introductions	
JOHN	1130	60 min.	2.4 Connecting Attitudes with Suicide and Helping	
1230: 1–HOUR MEAL BREAK; RETURN TO WORKGROUPS AFTER BREAK FOR THE UNDERSTANDING SECTION.				

WHO	TIME	DURATION	UNDERSTANDING TASK/ACTIVITY (DAY 1)	NOTES
ED	1330	10 min.	3.1 Introduction to Understanding	
JOHN	1340	15 min.	3.2 Explore Invitations	
ED	1355	15 min.	3.3 Ask about Thoughts of Suicide	
JOHN	1410	10 min.	3.4 Understanding Choices Phase	
1420: POSSIBLE BREAK POINT (10 MINUTES)				
ED	1430	20 min.	3.5 Hear their Story	
JOHN	1450	20 min.	3.6 Support Turning to Safety	
ED	1510	10 min.	3.7 Assisting Life Phase	
1520: POSSIBLE BREAK POINT (10 MINUTES)				
JOHN	1530	30 min.	3.8 Develop a SafePlan	
ED	1600	10 min.	3.9 Confirm Actions.	
JOHN	1610	20 min.	3.10 Concluding Understanding	

1630: END OF DAY 1; OFFER TO COLLECT PARTICIPANT WORKBOOKS, ENSURE THAT THEIR NAME IS ON FRONT

Day 2

WHO	TIME	DURATION	ASSISTING TASK/ACTIVITY (DAY 2)	NOTES
ED	0830	15 min.	4.1 Starting the Assisting Section	
JOHN	0845	50 min.	4.2 *PAL* in Action and show *It Begins With You*	
0935: 15–MINUTE REFRESHMENT BREAK				
ED	0950	10 min.	4.3 Transition to Practice	
JOHN	1000	10 min.	4.4 Connecting Simulation	
ED	1010	15 min.	4.5 Support Turning to Safety Simulation	
JOHN	1025	40 min.	4.6 *PAL* Simulation	
ED	1105	15 min.	4.7 Safety First Simulation	
JOHN	1120	15 min.	4.8 Whole Group Closing; Workgroup	
1135: MOVE TO WORKGROUP WITH 10–MINUTE TRANSITION BREAK				
ED	1145	45 min.	4.9 Workgroup Practice (complete 1	
1230: 1–HOUR LUNCH BREAK				
JOHN	1330	115 min.	4.9 Continue Workgroup Practice	
15 MIN: REFRESHMENT BREAK(S) DURING AFTERNOON				
1540: MOVE TO LARGE GROUP FOR WORKING TOGETHER SECTION WITH 5-MINUTE TRANSITION BREAK				
WHO	**TIME**	**DURATION**	**WORKING TOGETHER/ACTIVITY**	**NOTES**
			5.1 Organizing and Starting	
ED	1545	20 min.	5.2 Relationships with Persons at Risk	
JOHN	1605	15 min.	5.3 Community Relationships Discussion	
ED	1620	10 min.	5.4 Closing the Workshop	
1630: FORMAL END OF WORKSHOP				

*** Refer to Table 4.1 and Table 4.2 in the *ASIST Trainer Manual* for options for whole group activities for two and three-trainer workshops**

Appendix H

Trainee Short Course Post Evaluation Forms

ASIST

Your Feedback

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER

Please circle the letter next to your primary role/job (please select only one).			
a. Administrator	**b.** Firefighter	**c.** Volunteer	**d.** Police/Corrections
e. Clergy/Pastoral	**f.** Youth Worker	**g.** Psychologist	**h.** Military Branch: _____
i. Counselor	**j.** Nurse	**k.** Social Worker	**l.** Chaplain/Assistant Military Branch: _____
m. Educator	**n.** Physician	**o.** Transit Worker	**p.** Other (specify):

On a scale of 1 to 10, please write the rating number that best describes your response to the questions.	Rating
1. How would you rate ASIST? (1 = did not like at all…10 = liked a lot)	
2. Would you recommend ASIST to others? (1 = definitely no…10 = definitely yes)	
3. This workshop has practical use in my personal life. (1=definitely no…10=definitely yes)	
4. This workshop has practical use in my work life. (1=definitely no…10=definitely yes)	

Please circle the number that describes your response.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	1	2	3	4	5
6. Before taking the ASIST training, my answer to #5 would have been:	1	2	3	4	5
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention.	1	2	3	4	5
8. Before taking the ASIST training, my answer to #7 would have been:	1	2	3	4	5
9. I feel prepared to help a person at risk of suicide.	1	2	3	4	5
10. Before taking the ASIST training, my answer to #9 would have been:	1	2	3	4	5
11. I feel confident I could help a person at-risk of suicide.	1	2	3	4	5
12. Before taking the ASIST training, my answer to #11 would have been:	1	2	3	4	5

Please place a check mark in the appropriate box.		
13. I attended two consecutive 8-hour days of training. (Including lunch hour)	☐ Yes	☐ No
14. All trainers were present at the workshop for the full 2 days.	☐ Yes	☐ No
15. The "Jack" exercise was done on the afternoon of day 1.	☐ Yes	☐ No

Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.

ASIST

Your Feedback

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER

Please circle the letter next to your primary role/job (please select only one).

a. Administrator	**b.** Firefighter	**c.** Volunteer	**d.** Police/Corrections
e. Clergy/Pastoral	**f.** Youth Worker	**g.** Psychologist	**h.** Military Branch: _____
i. Counselor	**j.** Nurse	**k.** Social Worker	**l.** Chaplain/Assistant Military Branch: _____
m. Educator	**n.** Physician	**o.** Transit Worker	**p.** Other (specify):

On a scale of 1 to 10, please write the rating number that best describes your response to the questions.	Rating
1. How would you rate ASIST? (1 = did not like at all…10 = liked a lot)	
2. Would you recommend ASIST to others? (1 = definitely no…10 = definitely yes)	
3. This workshop has practical use in my personal life. (1=definitely no…10=definitely yes)	
4. This workshop has practical use in my work life. (1=definitely no…10=definitely yes)	

Please circle the number that describes your response.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	1	2	3	4	5
6. Before taking the ASIST training, my answer to #5 would have been:	1	2	3	4	5
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention.	1	2	3	4	5
8. Before taking the ASIST training, my answer to #7 would have been:	1	2	3	4	5
9. I feel prepared to help a person at risk of suicide.	1	2	3	4	5
10. Before taking the ASIST training, my answer to #9 would have been:	1	2	3	4	5
11. I feel confident I could help a person at-risk of suicide.	1	2	3	4	5
12. Before taking the ASIST training, my answer to #11 would have been:	1	2	3	4	5

Please place a check mark in the appropriate box.

13. I attended two consecutive 8-hour days of training. (Including lunch hour)	☐ Yes	☐ No
14. All trainers were present at the workshop for the full 2 days.	☐ Yes	☐ No
15. The "Jack" exercise was done on the afternoon of day 1.	☐ Yes	☐ No

Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.

comprehensive service integration

prevent suicide FOND DU LAC

QPR Gatekeeper Training Evaluation

Date: _____ **Trainer 1:** _____

Location: _____ **Trainer 2:** _____

Please check ALL that describe you:

- ❑ Mental health professional
- ❑ Other health professional
- ❑ School professional (K-12)
- ❑ School professional (Higher Ed)
- ❑ Law Enforcement/Fire/EMS
- ❑ Faith Community Leader or Staff
- ❑ Human Resources/Supervisory Role
- ❑ Business Employee
- ❑ Veteran or Current Military
- ❑ Youth (Under age 18)
- ❑ College/University/Tech Student
- ❑ Consumer of Mental Health Services
- ❑ Family member of MHS consumer
- ❑ Other: _____

Please circle to what extent you agree with the following statements.

1. Trainer #1 demonstrated thorough knowledge of suicide and suicide prevention.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Trainer #2 demonstrated thorough knowledge of suicide and suicide prevention. (If applicable)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The presentation was clear and easy for me to understand.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The training space met my needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. I will use the QPR booklet and emergency response card.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Questions 5-9 As a result of today's training:					
5. I can identify at least three common myths and facts about suicide prevention.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. I can identify at least three risk factors or warning signs for suicide.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. I am more confident that, when I need to, I will ***ask the question***, "Are you thinking of suicide?"	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. I am more confident that I can ***persuade*** someone considering suicide to get help.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. I am more confident that I can ***refer*** someone thinking of suicide for help.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. I would recommend this training to others.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Comments: (continue on back if needed)

OPTIONAL: Please complete this section if you would like us to follow-up with you.

Name: _____ Phone: _____ Email: _____

☐ I would like to receive information about future suicide prevention events in Fond du Lac County.

☐ I would like to host a QPR Suicide Prevention training for my workplace or other community group.

☐ I would like to learn about volunteer opportunities with Prevent Suicide Fond du Lac.

Thank you for attending today's QPR Gatekeeper Training session!

R 11/18tk

Appendix I

Suicide Counseling Skills Inventory

The following items include excerpts from conversations. Each excerpt begins with a statement by a client, followed by helper responses. Rate the appropriateness of all helper responses (Helper A, Helper B & Helper C):	Helper Response is…….					
	Highly Inappropriate	Inappropriate	Marginally Inappropriate	Marginally Appropriate	Appropriate	Highly Appropriate
1. Client: (Toward beginning of conversation} I don't want to be around anyone anymore. I just keep to myself.						
Helper A: Why don't you want to be around anyone anymore?	-3	-2	-1	+1	+2	+3
Helper B: If you try to socialize more, you might feel better.	-3	-2	-1	+1	+2	+3
Helper C: Tell me more about what is going on.	-3	-2	-1	+1	+2	+3
2. Client: {Toward beginning of conversation} I'm glad I was able to connect with someone tonight . . . I feel like I'm a burden to everyone.						
Helper A: You might feel that way now, but if other people knew you felt this way, they would probably want to help.	-3	-2	-1	+1	+2	+3
Helper B: You feel badly…. like you're weighing other people down.	-3	-2	-1	+1	+2	+3
Helper C: So, you feel like a burden?	-3	-2	-1	+1	+2	+3
3. Client: I feel so alone {sobbing). I'm tired of trying. I can't go on anymore.						
Helper A: You seem so lonely and so down. Have you been thinking about suicide?	-3	-2	-1	+1	+2	+3
Helper B: Have you thought about hurting yourself?	-3	-2	-1	+1	+2	+3
Helper C: Promise me, you won't do anything to hurt yourself.	-3	-2	-1	+1	+2	+3
4. Client: Hi, I'm calling because I really think I might do something. I feel like killing myself.						
Helper A: Is there anyone you can contact, a parent or a friend, who you can talk to? I can also help you get emergency help?	-3	-2	-1	+1	+2	+3
Helper B: Do you know how you'd do it?	-3	-2	-1	+1	+2	+3
Helper C: Can you tell me more about your	-3	-2	-1	+1	+2	+3

thoughts of suicide?

The following items include excerpts from conversations. Each excerpt begins with a statement by a client, followed by helper responses. Rate the appropriateness of all helper responses (Helper A, Helper B & Helper C):	Helper Response is…….					
	Highly Inappropriate	Inappropriate	Marginally Inappropriate	Marginally Appropriate	Appropriate	Highly Appropriate
5. Client: Since Alex died, my life is meaningless. Our kids are grown. I've been retired for several years. I think I'd be better off dead.						
Helper A: What would Alex want for you? Alex'd want you to go on, right?	-3	-2	-1	+1	+2	+3
Helper B: What has happened recently to make you think that dying is the only way out?	-3	-2	-1	+1	+2	+3
Helper C: Let's work on a plan to keep you safe.	-3	-2	-1	+1	+2	+3
6. Client: The more I think about it, the more I think I don't want to kill myself.						
Helper A: You sound uncertain. How would you feel about working on a plan to keep you safe then?	-3	-2	-1	+1	+2	+3
Helper B: I'm relieved to hear that. You have so much to live for.	-3	-2	-1	+1	+2	+3
Helper C: I'm glad you said you're not feeling suicidal anymore. I was worried.	-3	-2	-1	+1	+2	+3
7. Client: I had planned to overdose on opioids and make it look like an accident. I have the pills in my medicine cabinet from when I had knee surgery.						
Helper A: I'm glad you no longer have a plan to take those pills. When was your surgery?	-3	-2	-1	+1	+2	+3
Helper B: What can you do to make it so that you don't have access to those pills?	-3	-2	-1	+1	+2	+3
Helper C: It sounds like you don't want to take them. Is there a way to distract yourself so that you don't think about them?	-3	-2	-1	+1	+2	+3
8. Client: After talking it out with you, my problems seem less confusing and not so frightening. I really do want to live.						
Helper A: That makes me feel better. If you Feel confused or scared again, contact us. We're here to help.	-3	-2	-1	+1	+2	+3
Helper B: That's good to hear. Would you be willing to work on a plan to keep you safe?	-3	-2	-1	+1	+2	+3

Helper C: Typically, I'd ask about a plan to stay safe, but it sounds like you are doing okay now?	-3	-2	-1	+1	+2	+3

The following items include excerpts from conversations. Each excerpt begins with a statement by a client, followed by helper responses. Rate the appropriateness of all helper responses (Helper A, Helper B & Helper C):

Helper Response is…….

	Highly Inappropriate	Inappropriate	Marginally Inappropriate	Marginally Appropriate	Appropriate	Highly Appropriate
9. Client: I tried going to a therapist once before, but it didn't help. Nothing I do now will change anything.						
Helper A: Have you tried medication?	-3	-2	-1	+1	+2	+3
Helper B: Maybe you haven't found the right therapist. With the right person, things can change for the better.	-3	-2	-1	+1	+2	+3
Helper C: Has anyone else been helpful before maybe a friend, relative, teacher?	-3	-2	-1	+1	+2	+3
10. Client: {Toward the end of the conversation} Okay. We've talked about a lot of stuff. I'm tired and want to get to bed. Thanks.						
Helper A: Great. I hope you have a good night.	-3	-2	-1	+1	+2	+3
Helper B: Yes, I understand. You've got a lot of things to think about. Please contact us, if you are feeling uncertain about how to move forward.	-3	-2	-1	+1	+2	+3
Helper C: So, you've told me you are going to journal tonight and avoid listening to sad music. Will this plan keep you safe for now?	-3	-2	-1	+1	+2	+3

Appendix J

Recruitment Email for Qualitative Study

Subject: Suicide Prevention Project Invitation

Chaplains,

Aloha! I am sending this email encouraging you to participate in suicide prevention training. In this research study, we are evaluating the impact of suicidality on Chaplains and their suicide prevention knowledge, skills, and behaviors (KSBs). This study is a Doctor of Ministry Thesis Project. BLUF: I am hoping we all receive more KSBs in suicide prevention in order to more effectively serve our Soldiers and families.

The focus of the study is specifically on suicide prevention and intervention. I am asking you to engage in three days of suicide prevention assessment, training, and equipping. During these three days, you will be expected to conduct several assessments of yourself and answer interview questions specifically around suicidality in line with your own tradition, experience, and personality. In addition to the assessments, both you and your cohort will be asked to attend ASIST, QPR, and safeTALK trainings.

The study will begin in mid-July and there will be a follow-up interview several months later. If you are open to participating and have approval from command, please send reply to the division chaplain letting us know that you are interested. Once confirmed, I will send you the Informed Consent Form. While it is my hope that many of you can, there is no obligation on your part to do so.

Thank you for your time and consideration. I look forward to working with many of you and collaborating together to impact Soldiers and families for God and country.

v/r

Johnny Cochran
CH (CPT), USA
Battalion Chaplain
715th Military Intelligence BN, 500th MIB-T
Schofield Barracks, HI
C: 678-617-3036

“If the glove don’t fit…”

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