



MORAL INJURY AND HOW TO HOST A GROUP FOR VETERANS

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Paradox – by Gunilla Norris

It is a paradox that we encounter so much internal noise

When we first try to sit in silence.

It is a paradox that experiencing pain releases pain.

It is a paradox that keeping still can lead us so fully into life and being.

Our minds do not like paradoxes. We want things to be clear, so we can maintain our illusions of safety.

Certainty breeds tremendous smugness.

We each possess a deeper level of being, however, which loves paradox. It knows that summer is already

growing like a seed in the depth of winter. It knows that the moment we are born, we begin to die. It knows

that all of life shimmers, in shades of becoming – that shadow and light are always together, the visible mingled with the invisible.

When we sit in stillness we are profoundly active. Keeping silent, we can hear the roar of existence. Through our willingness to be the one we are, we become one with everything.

Trauma informed care

Suicide Prevention for Veterans

Describe moral injury

Differentiate moral injury from PTSD

Current treatments for moral injury

Address possible clergy approaches to helping Veterans with moral injury

Consider when to refer Veterans to mental health providers

OBJECTIVES



TRAUMA INFORMED CARE

A program, organization,
or system:

- ▶ Realizes the widespread impact of trauma and understands potential paths for recovery
- ▶ Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- ▶ Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- ▶ Seeks to actively resist re-traumatization

6 Key Principles to Trauma
Informed Care

- ▶ Safety
- ▶ Trustworthiness and Transparency
- ▶ Peer support
- ▶ Collaboration and mutuality
- ▶ Empowerment, voice and choice
- ▶ Cultural, Historical, and Gender Issues

<https://www.samhsa.gov/programs>

Phases of Suicide Prevention for Veterans

Life-Promotion (Primary Prevention)

Target population: Every Veteran

Objective: To foster Life Promoting Activity prevent the development of suicidal distress.

- Community Clergy and Leader training & outreach
- Community Engagement: Events that foster purpose and involvement

Early-Intervention (Secondary Prevention)

Target population: Individuals at heightened risk for experiencing suicidal distress.

Objective: to intervene early in response to known or potential risk.

- Groups focusing on stability, processing, & reintegration

Active Treatment (Third Prevention)

Active Treatment (Tertiary Prevention)


Target: Individuals who experiencing distress, those who have attempted suicide.

Objective: To actively Intervene and treat.

- Make referrals, provide care



DIMENSIONS OF MORAL INJURY RELATED TO SUICIDALITY

- ▶ Loss of meaning & purpose
 - ▶ Perceived spiritual abandonment
 - ▶ PTSD & trauma
 - ▶ Intrusive thoughts
 - ▶ Religious/Spiritual injury
 - ▶ Grief & Loss
 - ▶ Guilt & Shame
 - ▶ Loss of identity
 - ▶ Loss of moral compass
 - ▶ Betrayal & unable to trust self and others
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.



WHAT ARE
MORALS AND
HOW DO WE
LEARN THEM?

Answer in the chat



“Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al., 2009)

“Disruption in an individual’s confidence and expectations about one’s own or others’ motivation or capacity to behave in a just and ethical manner, brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular acts that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others.” (Drescher et al., in press)

“Betrayal of what’s right by someone who holds legitimate authority in a high-stakes situation.” (Shay, 2010)

“Stress resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations.” (Nash et al., in press)

MORAL INJURY

OTHER TERMS YOU MAY SEE USED FOR MORAL INJURY

Moral Injury

- ▶ moral affront
- ▶ moral distress
- ▶ moral pain
- ▶ moral trauma
- ▶ moral wounds
- ▶ moral disruption
- ▶ emotional injury
- ▶ personal values injury'
- ▶ 'life values injury'
- ▶ Moral betrayal
- ▶ Moral perpetration

Spiritual injury

- ▶ Soul loss
- ▶ Soul wound
- ▶ Soul injury
- ▶ Spiritual injury
- ▶ Religious injury

Moral Injury Model

Morally Injurious Events • A situation occurring in a high stakes environment where an individual perceives that an important moral has been violated by the actions of self or others.

Moral Pain • The experience of dysphoric moral emotions and cognitions in response to a morally injurious event.

Moral Injury • Social, psychological and spiritual suffering stemming from costly or unworkable attempts to manage, control, or cope with the experience of moral pain.

(Farnsworth, Drescher, Evans, & Walser, 2017)

Why is Moral Injury Relevant?

Prevalence of morally injurious events among warzone Veterans:
27% of soldiers endorsed facing dilemmas to which they were unsure of how to respond (MHAT-V, 2008b)

11% acknowledged engaging in morally transgressive events while deployed, 26% of Veterans reported transgressions by others, and 26% reported moral betrayal (Wisico et al., 2017)

Exposure to morally injurious events as a risk factor for: •
Substance use (Battles et al., 2018; Kelley et al., 2019) • Depression (Currier et al., 2014) • PTSD (Bryan et al., 2018; Maguen et al., 2010) • Suicidal ideation and behavior (Bryan et al., 2018; Kelley et al., 2019)

PATHS OF MORAL INJURY

I feel betrayed by leaders I once trusted

I have done things that betray my personal code

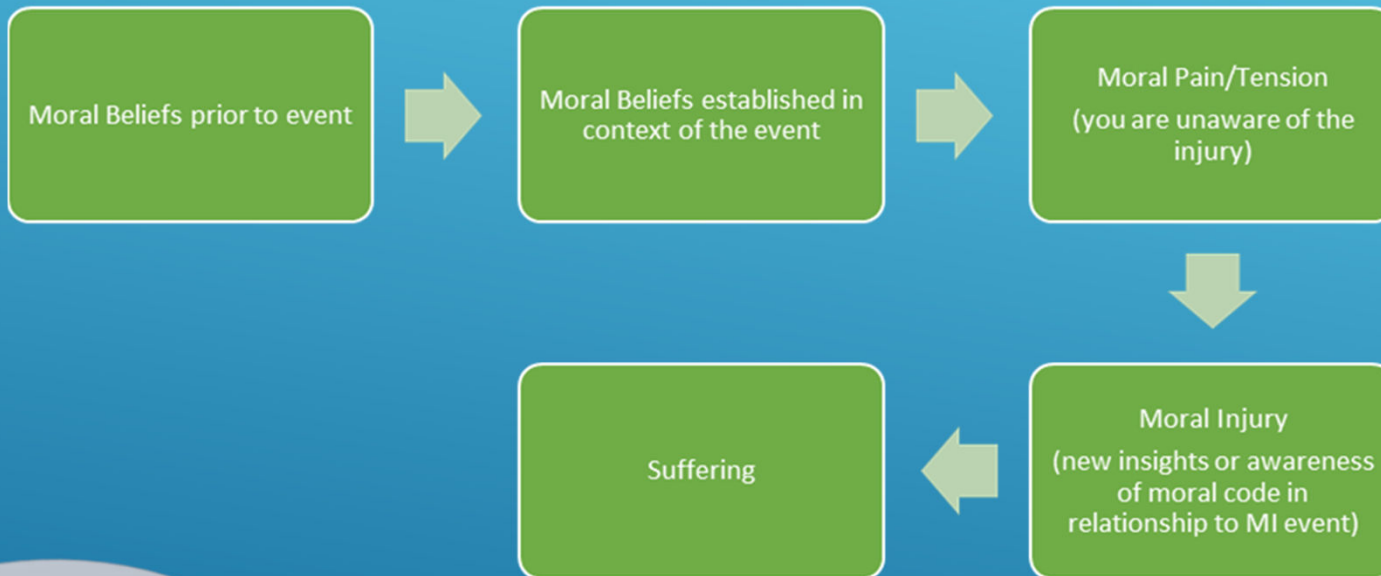
I violated my own morals by not doing something



I am troubled by witnessing others immoral acts

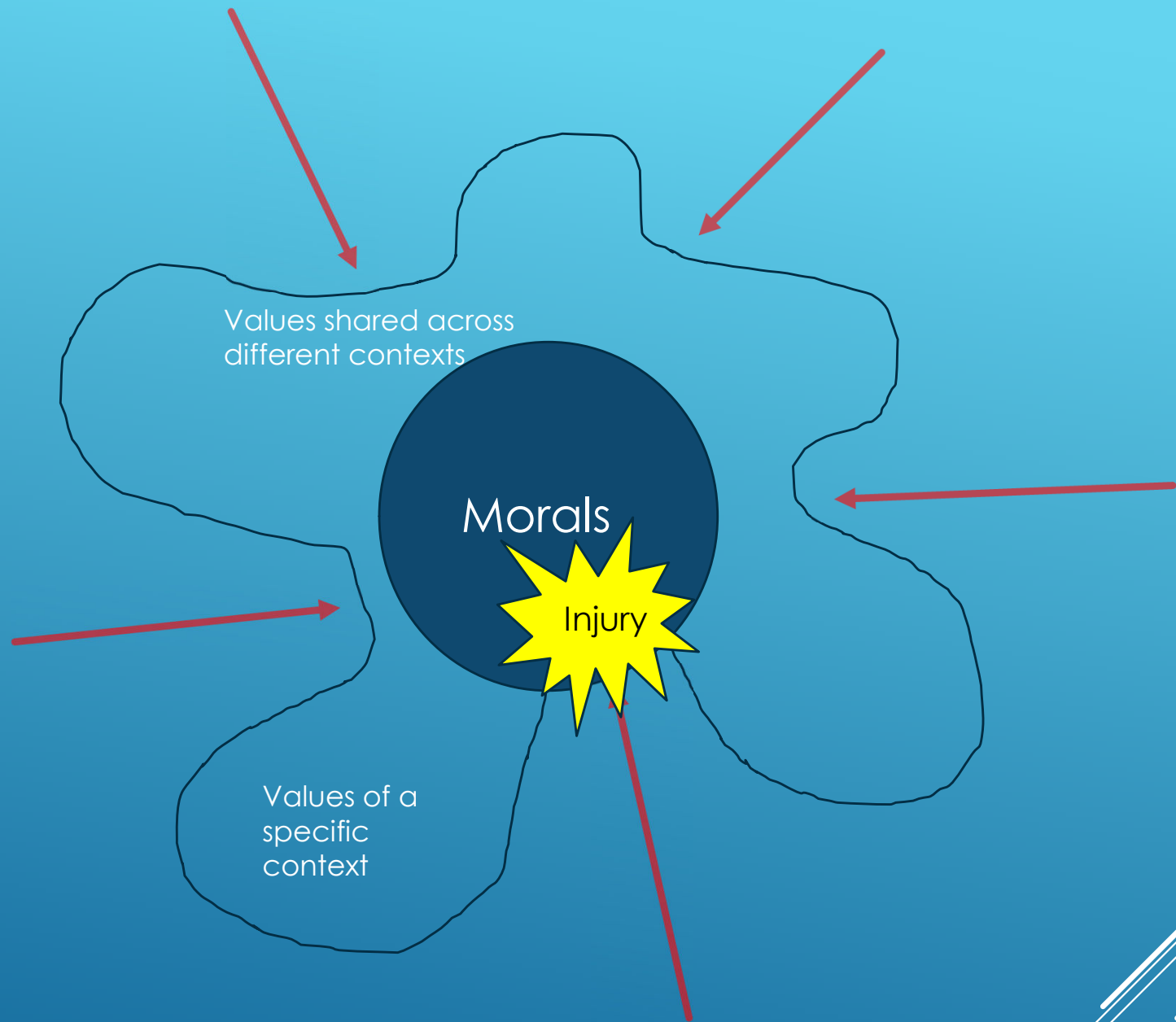
PATHS OF MORAL INJURY CONT

I have acted out of revenge or retribution



I caused the death of innocent people

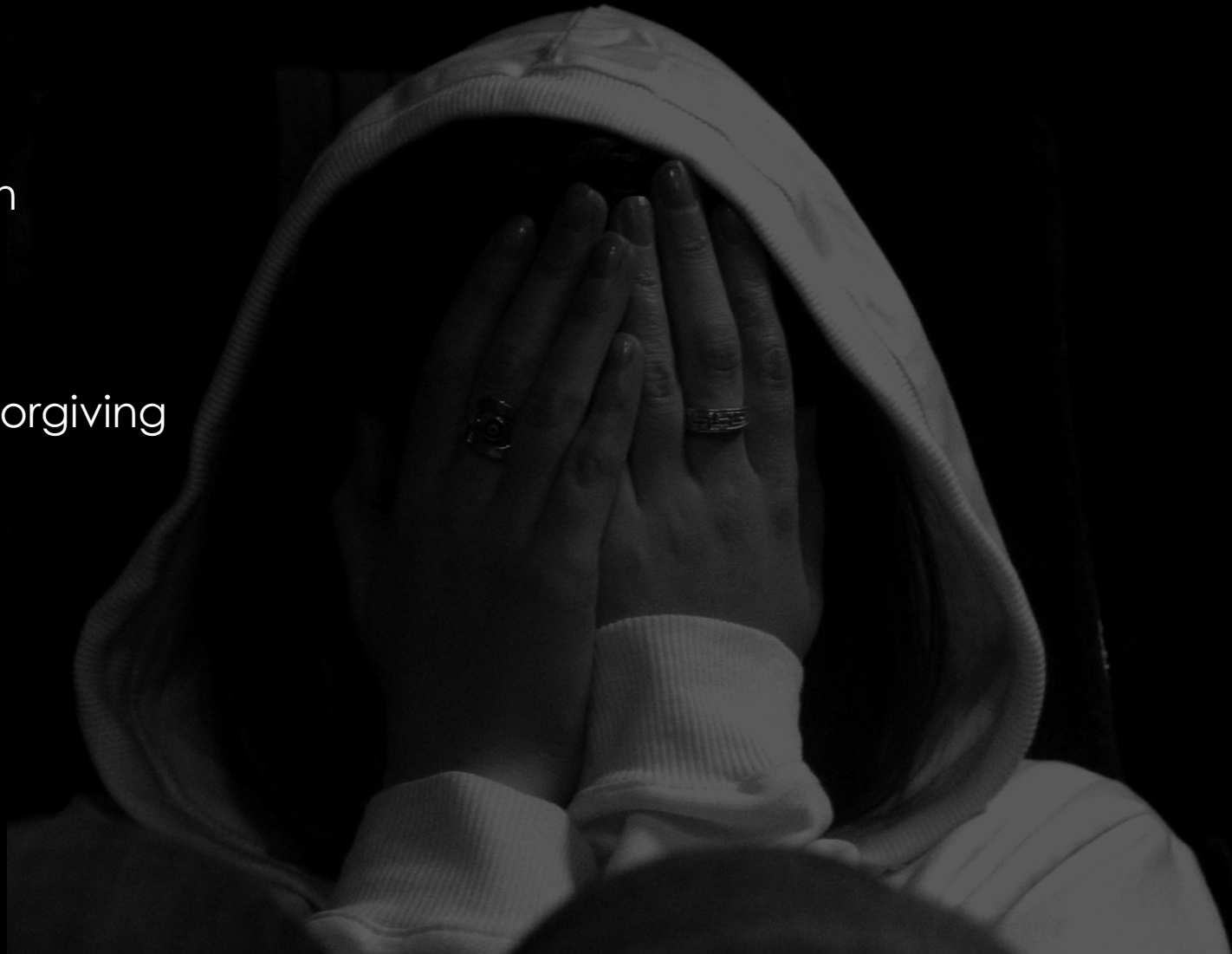
I was unable to stop the death of innocent people



The Moral Amoeba

Moral Injury can cause you to feel:

- ▶ Guilt
- ▶ Shame
- ▶ Betrayal
- ▶ Depression
- ▶ Anger
- ▶ Anxiety
- ▶ Difficulty Forgiving
- ▶ Grief
- ▶ Loss



Acts of betrayal
by peers,
leaders, or self

Disproportionate
violence inflicted
on others

Death or harm
to civilians

Violence within
military ranks

Concealed acts
of cowardice,
failure to do duty

Exposure to
body parts

Inability to
prevent death or
suffering

Resulting in
ethical dilemmas
or moral conflicts

Military Sexual
Trauma

Discrimination

MILITARY EXAMPLES



IN THE EYE OF THE BEHOLDER

- ▶ Moral transgression is subjective
- ▶ Based on Service members own moral standards, expectations, and interpretations
- ▶ Based on a person's perception and interpretation of values and morals within a specific context
- ▶ Based on the community values and morals
- ▶ Based on the religious teachings of the community



Biological/ physical injury

- Insomnia
- “Startle-reflex”
- Alcohol abuse
- Drug addiction
- Loss of memory
- Self-sabotage /
- Self-harm
- Suicide

Psychological/ emotional injury

- Anger & Betrayal
- Shame, Guilt, Sorrow
- Loss of trust in self
- Loss of trust in others
- Fear and Anxiety
- Re-experiencing the moral conflict/Flashbacks
- Nightmares
- Gambling addiction
- Sexual/Porn Addiction
- Self-deprecation
- Loss of self-worth
- Depression
- Suicidal ideation

Social/ familial injury

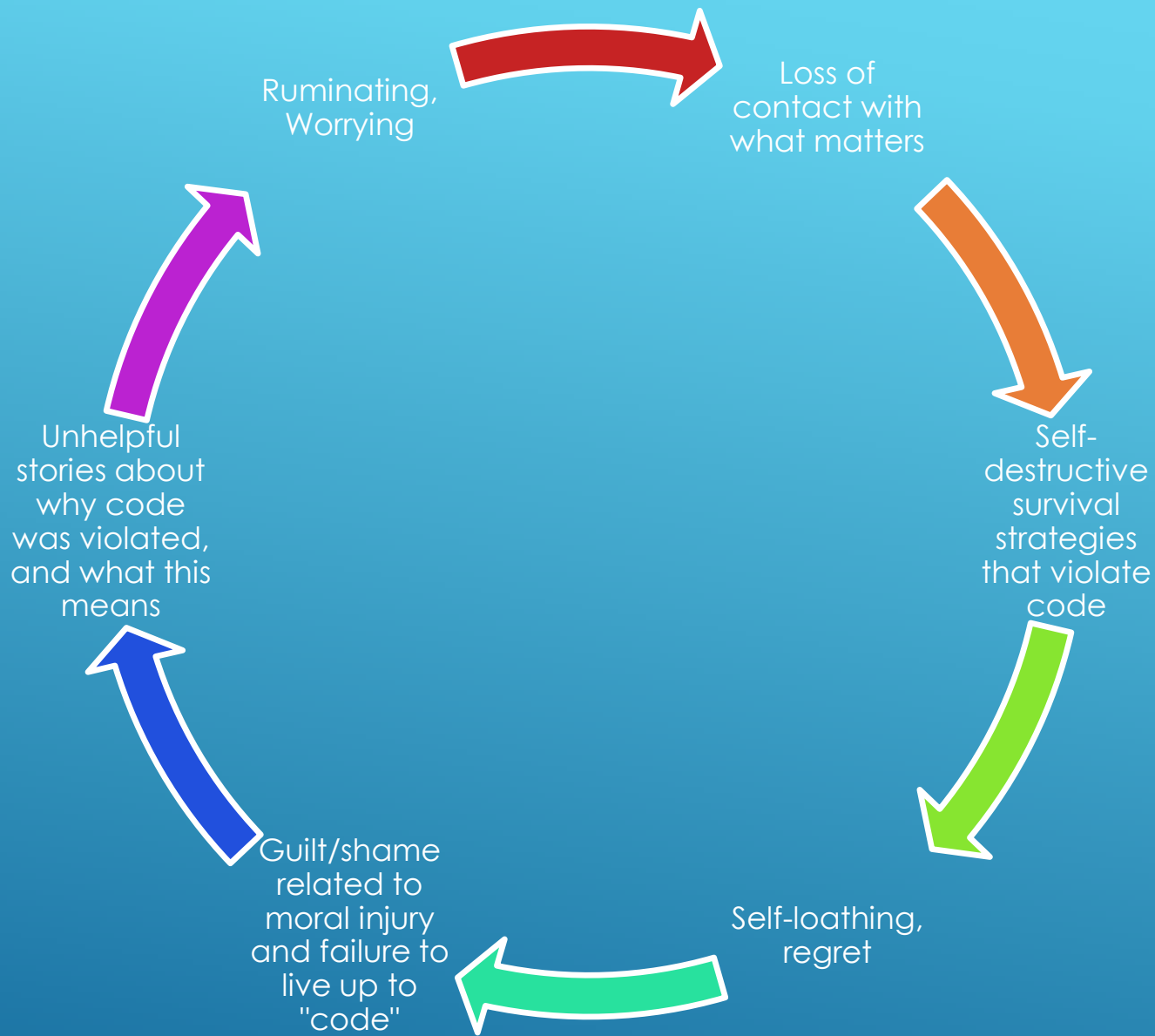
- Spousal/Partner Disconnection
- Child-Parent Disconnection
- Family Disconnection
- Collegial Disconnection
- Occupational dysfunction
- Professional Disconnection
- Legal and disciplinary issues
- Community/Cultural Disconnection
- Social Alienation

Spiritual injury

- Anger & Betrayal
- Shame, Guilt, Sorrow
- Loss of trust in self
- Loss of trust in others
- Loss of faith/ belief
- Moral pain /dissonance
- Questioning morality
- Self-condemnation
- Spiritual/existential crisis
- Loss of purpose in life
- Fatalism
- Loss of caring
- Ontological loss of meaning.
- Feeling “haunted”

Source: [illegible]

MORAL INJURY SYMPTOMS



THE LOOP OF MORAL INJURY THINKING

WHEN
SERVICE
MEMBERS
DISCHARGE
THEY MAY
FEEL:

- ▶ Removed from military context
- ▶ Not with buddies/unit
- ▶ With family/friends who don't understand
- ▶ Veteran no longer understands own actions
- ▶ Disconnect from community
- ▶ Feel out of place in daily life because of moral transgression
- ▶ Faith/religious crisis
- ▶ Will be punished by higher power for actions/lack of action

Moral Injury

PTSD

- Less likely to be related to life-threatening events
- Spiritual Focus
- Identity Focus
- Avoidance: wish to protect others

- Less Research
- Less Consensus
- Narrower Focus

Reminders
Avoidance / Denial
Intrusive Thoughts
Sleep Issues
Substance Use

Negative Cognitions:
Guilt/Shame
Anger
Disgust
Betrayal
Negative view of self

Social problems
Trust issues
Spiritual changes
Fatalism or sorrow

- More likely to be related to life-threatening events
- Reexperiencing
- Hyperarousal
- Avoidance: preventing re-injury
- Focus

- More research
- More consensus
- Broader Focus

DSM-5	PTSD	Moral Injury
Stressor (A)	Exposure to actual or threatened death, serious injury or sexual violence	Acts that violate deeply held [moral] values
Individual's role at time of the event	Witness, victim or direct exposure	Witness, victim [or failed to prevent]
Intrusion Symptoms (B)	YES	YES
Avoidance (C)	YES	YES
Cognition and Moods (D)	Persistent fear, horror, anger, guilt or shame	Guilt, shame or anger
Arousal and Reactivity (E)	YES	NO
What necessity is lost?	Safety	Trust, [Self- or other compassion, forgiveableness, faith]

Adapted and updated from William P. Nash, M.D., *Moral Injury and Moral Repair: Overview of Constructs and Early Data*. Presentation at 13th Annual Force Health Protection Conference August 12, 2010. Input from Sidney Davis, Kent Drescher, Kimberly Gronemeyer, Brett Litz, Lowell Kronick, William Nash, Jason Nieuwsma, Jonathan Shay.

BREAK





SPIRITUAL HEALING AND
MORAL REPAIR ARE MULTI-
DIMENSIONAL

“THE MOTH AND THE CATERPILLAR ARE NO MORE ALIKE THAN A SEED AND A SPROUT. YET, WITHIN THE SEED, THE SPROUT IS CONTAINED. IN THE DISINTEGRATION OF THE CATERPILLAR, THE SEED OF THE MOTH IS WATERED, AND ONLY IN THE DISINTEGRATION OF THE CATERPILLAR CAN THE MOTH BECOME.”- CHAPLAIN REBECCA MORRIS, ACT FOR MORAL INJURY, LESSON 3



MENTAL HEALTH TREATMENTS FOR MORAL INJURY

Impact of Killing in War (IOK)

- ▶ Self-forgiveness (therapy and/or spiritual/ religious practices)
- ▶ Making amends

Adaptive Disclosure (AD)

- ▶ Imaginary dialogue with the lost person
- ▶ Guided dialogue with a forgiving and compassionate moral authority

Acceptance and commitment therapy (ACT)

- ▶ Present moment awareness, values, committed action, self as context, acceptance, diffusion

Evidence-Informed Chaplain Care for Moral Injury in the VA

Building Spiritual Strength, created by Dr. Harris and team

ABOUT THE PROGRAM

This program will provide education in the definition, symptoms, and etiological theories about moral injury, and report on 2 randomized controlled trials supporting use of the Building Spiritual Strength interventions with veterans who are seeking spiritually integrated care for moral injury.

LEARNING OBJECTIVES

1. Define and describe clinical presentations of moral injury.
2. Identify at least one evidence-based intervention to address moral injury.

REAL for Moral Injury, created by CH Check, Dr. Smigelsky and team

REAL is an interdisciplinary group therapy for individuals experiencing moral injury. The group emphasizes self-examination of one's inner world and the morally injurious event through the lens of loss. While REAL is a group therapy curriculum, it maintains a self-directed spirit. The personal experiences of group members are explored using the structure and content of the curriculum. Each cohort has unique needs and preferences that can be approached flexibly, using the curriculum to ensure fidelity to essential elements of the intervention and facilitator clinical expertise to adapt elements and/or add exercises as appropriate (e.g., incorporating a self-compassion mindfulness exercise).

Evidence-Informed Chaplain Care for Moral Injury in the VA

ACT for Moral Injury created by CH Rebecca Morris & Dr. Jamie Lusk

10-week psycho-spiritual group integrating Mental Health & Chaplain Service using Acceptance and Commitment Therapy (ACT) in collaboration with Peer Support Specialists

Phase 1

You Are Not Your Moral Injury

- ACT processes of Defusion and Present Moment Awareness
- Spiritual process of cleansing and purifying moral wounds

Phase 2

Moving forward with Compassion

- ACT processes of Acceptance and Self-As-Context
- Spiritual process of storytelling, making amends, and reclaiming personal power

Phase 3

Your Wound Becomes Your Gift

- ACT processes of Values and Committed Action
- Spiritual process of initiation



ENGAGING WITH THE COMMUNITY FOR HEALING

THE ELEPHANT IN THE ROOM

- ▶ What difficult conversations about war, conflict, trauma, and moral injury does your community need to have?



ADDRESSING MORAL INJURY THROUGH EXPLORING LARGER SOCIAL, CULTURAL, MORAL, AND RELIGIOUS CONTEXT



MULTI-DIMENSIONAL MORAL REPAIR

Body	<ul style="list-style-type: none">• Sleep• Reduce stress load• Restore physical health (diet, exercise, play)• Restore authority of prefrontal cortex
Mind	<ul style="list-style-type: none">• Face demons• Tolerate intense negative moral emotions (shame, guilt, anger)• Assess culpability (self and others)• Clarify distorted thinking (e.g., overgeneralizations)
Community	<ul style="list-style-type: none">• Connection• Trust• Love• Seek true justice (not revenge)
Spirituality	<ul style="list-style-type: none">• God• Prayer• Meditation• Religious practices• Beauty



William P. Nash, "Common Goals for Preventing and Repairing Moral Injury," DCoE Chaplains Working Group Teleconference, 4 March 2015.

COMMUNITY SUPPORT

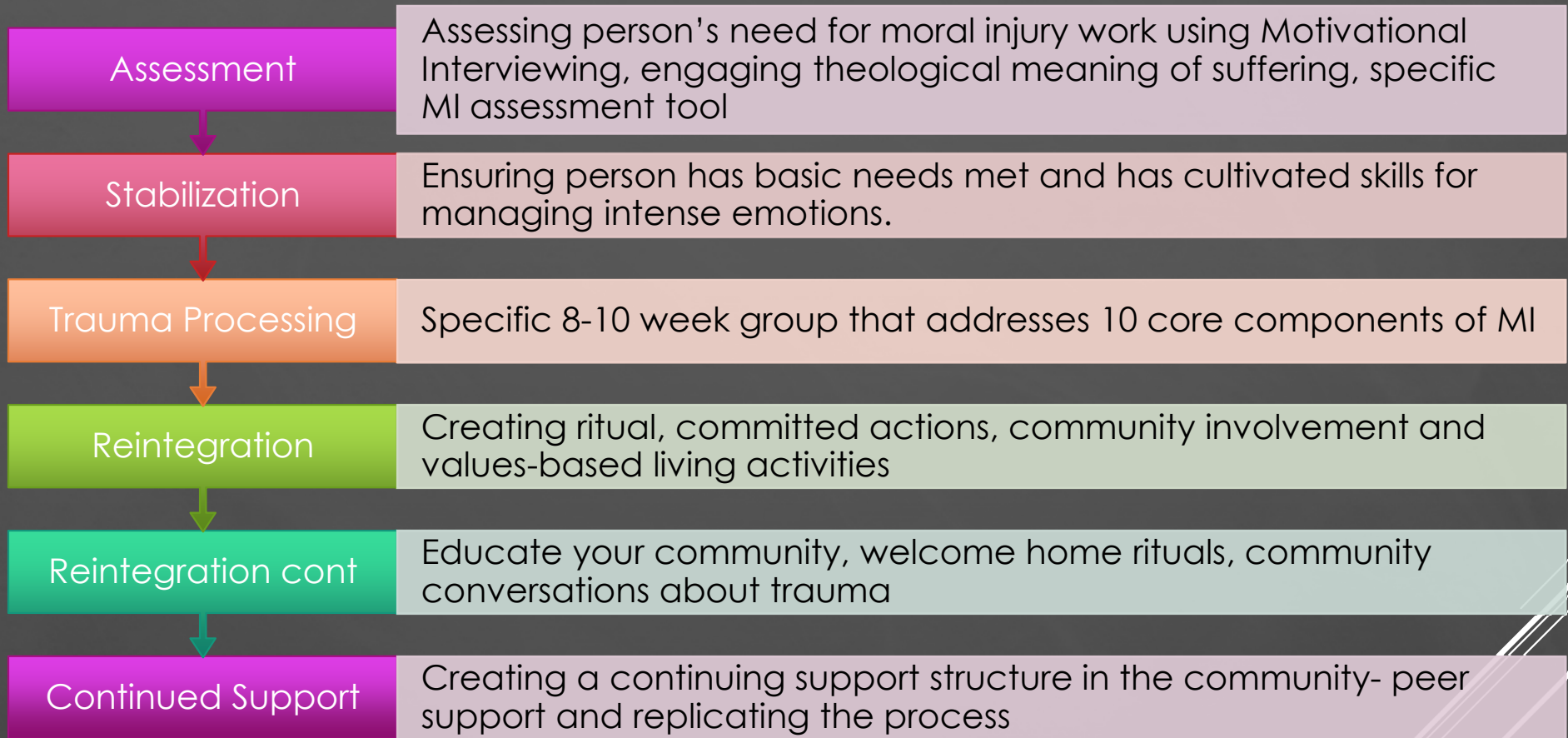
- Crucial for coping
- Protective factor
- Provides evidence that:
 - World is benevolent, meaningful
 - Survivor is deemed worthy
- Religious Leaders = an understanding confidant
- Groups = mini-community



- ▶ Specialist in guilt, shame, forgiveness, restoration, community, and ritual
- ▶ Moral/ethical authority
- ▶ Representative of the Divine
- ▶ Less stigma than a mental health provider
- ▶ Front Line Provider ie. A veteran or service member will go to you first before seeking mental health care
- ▶ You meet the veteran in daily community life
- ▶ Religious and spiritual communities are already built around common morals, values, and resources
- ▶ Well, there are more of you than there are of me!

WHY CLERGY, SPIRITUAL
COMMUNITIES, AND COMMUNITY
MEMBERS ARE SO IMPORTANT

5 PHASES OF MORAL REPAIR GROUP



Dr. Judith Herman's three-stage model of recovery found in *Trauma and Recovery (1997)*; *Stabilization, Trauma Processing, Reintegration*

Phase 1: Assessments for Moral Injury

Instrument		Key focus	Specialty
Spiritual injury scale/index (24)	<ul style="list-style-type: none"> • Guilt • Anger or resentment • Grief or sadness • Lack of meaning or purpose • Despair or hopelessness 	<ul style="list-style-type: none"> • Feeling that God/life abandoned • Religious doubt or disbelief • Fear of death 	<ul style="list-style-type: none"> • Mental Health • Spiritual Injury • Moral Injury
Impact of Event Scale—Revised (IES-R) (25)	<ul style="list-style-type: none"> • Traumatic Events • Intrusion into life 	<ul style="list-style-type: none"> • Hyper-arousal • Avoidance 	<ul style="list-style-type: none"> • Mental health • Military & veterans • PTSD/Moral injury • Health & emergency service personnel
Moral Injury Events Scale (MIES) (26)	<ul style="list-style-type: none"> • Betrayal • Morality 	<ul style="list-style-type: none"> • Immorality • Ethics 	<ul style="list-style-type: none"> • Mental health • Military & veterans • PTSD/Moral injury
Spiritual Distress Scale (19) ^(a)	<ul style="list-style-type: none"> • Guilt • Sadness/grief • Resentment 	<ul style="list-style-type: none"> • Anger/ • Despair/hopelessness 	<ul style="list-style-type: none"> • Mental Health • Military & Veterans • PTSD/Moral Injury • Suicide
Moral Injury Questionnaire—Military (MIQM) (27)	<ul style="list-style-type: none"> • Betrayal • Guilt • Retribution • Humanization 	<ul style="list-style-type: none"> • Violence • Destruction • Death 	<ul style="list-style-type: none"> • Mental Health • Military & Veterans • PTSD/Moral Injury
Modified Military Moral Injury Questionnaire (M3IQ) (11) ^(b)	<ul style="list-style-type: none"> • Immoral acts (witnessed and/or perpetrated) • Death/injury (civilians, military, enemy) • Betrayal (self & others) 	<ul style="list-style-type: none"> • Ethical dilemmas (decision-making, humanization) • Disproportional violence/retribution • Grief, shame and unresolved issues 	<ul style="list-style-type: none"> • Moral injury • Existential/spiritual • Ethics/morality • Military & veterans
Moral Injury Symptoms Scale—Military (MISS-M) (28)	<ul style="list-style-type: none"> • Betrayal • Guilt • Shame • Moral concerns • Religious struggles 	<ul style="list-style-type: none"> • Trust • Meaning/purpose • Forgiveness • Self-condemnation 	<ul style="list-style-type: none"> • Mental Health • PTSD • Moral Injury • Military & Veterans

^(a)Instruments presented in chronological order ^(a)(29) developed from (24) Spiritual Injury Scale; ^(b)M3IQ: Based on the MIES (26) and the MIQM (27).

PHASE 2: STABILIZATION

► Resources for Stabilization

Hospitals

Nearest VA or vet center

Rehab centers

Homeless shelters

Housing and job assistance

Food pantries

Suicide prevention

Mental health care

PTSD treatment

Sud treatment

Health, diet, exercise

Legal help

Transportation

► Skills for stabilization

Prayer

Contemplative prayer

Mindfulness

Meditation

Creating sacred space

Practicing present moment awareness

Engaging in religious life: services, rituals, sacraments

Conversations about why religious/spiritual values are important. What matters most

Emotional Regulation

LET'S SHARE

- ▶ Pick 2-3 in resources section and share with the group what you know is available in your area or state.
- 

RECOMMENDED TRAINING AND TOOLS TO ACQUIRE BEFORE STARTING A GROUP

S.A.V.E. Suicide Prevention Training

Mental Health First Aid Training

Trauma informed care

Lethal Means Training

Postvention care, T.A.P.S.

Moral Injury and Soul Repair Webinars

How to Create a Veteran Support Group Webinar Series

- ▶ Learn all you can about Moral Injury
- ▶ Identify Veterans in your community
- ▶ Screen for MI, PTSD does not need to be present, **include all Veterans, not just combat Veterans!**
- ▶ Identify sub-groups of Veterans ie. women, LGBTQ+, Vietnam, Post 9-11 etc. that might need a separate specific MI group
- ▶ Identify and create/procure your curriculum and practice it.
- ▶ Schedule a neutral, comfortable space with ease of access, non-sterile, comfy
- ▶ Create flyers, send emails, talk about it, send reminders 2 weeks, 1 week, day of group starting.
- ▶ Snacks...snacks are always nice



STARTING YOUR FIRST GROUP

PHASE 3: PROCESSING

Teaching the 10 Cores of Moral Repair

Week 1: Introduction to moral injury, review stabilization and religious coping skills

Week 2: Identifying the morals that have shaped the person from childhood through to the present moment

Week 3: Connecting values to morals and exploring how the morals were violated by the moral injury.

Week 4: Theodicy

Week 5: Guilt and Shame-betrayal and perpetration

Week 6: Forgiveness

Week 7: Lament and Grief

Week 8: Restoration and reconciliation

Week 9: Committed action that aligns with their current values and making a plan

Week 10: Welcome home ceremony (possibly the most important week).

SAMPLE: GROUP ORIENTATION

****During orientation, it is important to set the stage for the group process, including giving group members a chance to voice concerns and fears, leader transparency, setting group norms, and a brief overview of the group process (this should take approximately 45 min). The psychological goal of orientation is to create a safe place where Veterans feel safe to pursue moral healing.**

Agenda:

- Introductions (15)
- Introduction to (insert group name) (10)
- Group Rules/Potential Barriers, as well as who is a good fit for group, questions? (15)
- Preview the group style (10)

Materials:

- Signs directing members to the room
- Participant Packet for Orientation Week (printed or emailed depending on location of class)

“PM”= Patient Manual

SAMPLE: GROUP ORIENTATION

1. Leader Introductions: Name, Veteran status, expertise, fun fact

Participant introductions: Name, branch of service, fun fact

Lead Silent exercise:

Look around the room that you are in. Notice what or who is present with you.

Notice any thoughts or feelings you are having.

Can you identify feelings of hope? Feelings of dread? What does your mind say about those feelings?

Can you take the risk to start to trusting yourself or others?

What do you think might be possible if you were to heal from your pain?

What is your greatest fear, and what is your greatest hope?

SAMPLE: GROUP ORIENTATION

Facilitator States:

This group consists of 10, 90-minute sessions once a week. While we ask that you not share details of your trauma or betrayal in the group, we do ask you to reflect on the thoughts, feelings, and behaviors you have because of it. The group is interactive, and you will be invited to participate in both conversation and activities. You will get out of the group what you put in. Some of the activities may seem foreign, strange, or completely familiar. No matter how you perceive the activities, part of the invitation is to have what is called a “beginner’s mind” and attempt the activities from a new perspective. This group is an invitation to open-up to new ways of experiencing yourself, others, and your moral/spiritual/religious beliefs and practices. *You have a choice about whether to participate in an activity or not. You are in charge of how fast you move with this stuff.*

SAMPLE: GROUP ORIENTATION

2. Group Intentions

- Confidentiality
- Respect for one another and oneself
- Monitor how much you talk compared to how much others talk
- No storytelling, but do use “I” statements when talking
- Please do not share details of your moral injury, as it could be triggering to others; sometimes it may be more helpful to bring up certain issues with your individual therapist
- In support of others, it may be helpful to offer your own experiences, but refrain from interpreting others’ experiences
- Bring an openness to examining new perspectives
- Allow space for others in the group
- What else do you need to feel safe in this group?

3. Potential Barriers

- You will miss groups
- You are in crisis mode (actively abusing substances, SI, HI)
- Others?

PHASE 4:
REINTEGRATION-
HAVE THESE
ACTIVITIES
ALREADY SET UP
BY THE END OF
LAST SESSION

Activities for Reintegration and meaning making

- ▶ Provide follow-up calls, meetings, care
- ▶ Helping people to be involved in the rhythms of the liturgical year which encourages renewal (helping to develop new neural pathways) which can also lead to transformation via constant repetition of renewal
- ▶ The inclusion of sacramental structure for one's life (e.g., penance and absolution)
- ▶ Dramatic re-enactment and imagination of past sacred stories of redemption that correlate/relevant for the here and now
- ▶ The power of art (in its many forms) to touch the heart and assist inner healing
- ▶ Equine facilitated learning
- ▶ Outdoor recreational therapy
- ▶ Community theological engagement around specific topics like trauma, suffering, war, conflict, community/religious calling to serve others
- ▶ Send-off and Welcome Home rituals
- ▶ Worship and ritual

LET'S SHARE

- ▶ What does your community already do for meaning making and community building? What are some ideas for an activity that could be moral injury focused?
- 

PHASE 5: CONTINUED SUPPORT- PEER SUPPORT AND REPLICATING THE PROCESS

- ▶ Nami peer Support training
- ▶ Sahmsa
- ▶ Train other leaders in your community
- ▶ Invite “graduates” to be a part of future classes
- ▶ Create an ongoing mentor group-home base
- ▶ Continuing education and dialogue for the community

LET'S SHARE

- ▶ What is going to be your committed action ?



WHEN TO REFER

- ▶ Veteran is suicidal
- ▶ Veteran is homicidal
- ▶ Veteran needs medication
- ▶ Veteran becomes disruptive
- ▶ Veteran's symptoms don't improve
- ▶ You're at your wit's end
- ▶ Veteran has expressed concerns that relate to moral injury
- ▶ Veteran's needs go beyond your scope and skill

WHERE TO REFER



- ▶ Nearest VA
- ▶ Veterans Crisis Line
- ▶ Nearest ER
- ▶ Community mental health clinic
- ▶ Primary care provider
- ▶ VA Chaplains

If concerned about Veteran's immediate safety, it's best to escort them there or turn over to someone else who will.

New number, same support.

| Dial 988 then Press 1.



To register for future trainings, submit questions or feedback:

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Suicide Prevention Chaplain

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thank you

QUESTIONS/COMMENTS?