New Research: Belief in God and Psychiatric Treatment Outcomes

This research examined the relationship between belief in God and treatment outcomes related to depression. On admission, patients were asked "To what extent do you believe in God or a higher power?" They responded on a scale between 1 (where 1 was "not at all or no belief at all") and 5 was "very much or strong sense of belief." They were also scored on scales related to depression. Belief in God was not related to pre-treatment levels of depression. However, when a belief in God was present, participants tended to respond better to traditional psychiatric treatments than did those without such a belief.

This research, consistent with other studies, suggested that those with a belief in the existence of God had a greater reduction in depressive symptoms than did those without such a belief. Additionally, a belief in God was associated with an increase in personal well-being and a reduction in self-harm.


Your Story Matters

The Rural Clergy Training Project (RCTP) is constantly seeking to improve the effectiveness of its services. To do so, it asks for participants’ thoughts about the workshops and about changes in behavior in the months following the workshop.

The RCTP has recently followed up with participants from to measure workshop impact. Results from an unmatched sample asked workshop participants what they did in the six months following each workshop in 2012. Those results were then compared to the same measures for all participants in the twelve months before training. Results were striking. Many thanks to those who responded to the evaluation!

- There was a 53% increase in participation in Veteran or military services in local communities.
- There was a 36% increase in the number of clergy who spoke of Veteran issues from the pulpit.
- There was a 64% increase in the number of clergy who made a referral to the VA.
- There was a 41% increase in the number of clergy who made a referral to a community mental health provider.

Results from our one year survey are now being collected. We will look forward to findings from our matched sample and will publish them in our newsletter when they are available.

The Clergy Connection is a publication of the Office of Rural Health (ORH) and National VA Chaplain Center “Rural Clergy Training Program.” For more information, contact: Jim Goalter, jim.goalter@gmail.com.
A Soldier's Story for Reflection

"It opened up. Johnson took a round in the hand. We called a dust-off bird (helicopter). In the meantime, we're chucking frags (fragmentation grenades). They're just shooting.

I was crawling up, playing John Wayne. I knew I shot one guy. He fell down. Another guy moves and I go to my knees to shoot and it's like a light bulb going off. That's the grenade that got me. I went down, out maybe 60 to 90 seconds. I woke and grabbed my gun and realized, "I'm wet!" I got scared because I knew if I lost enough blood, I'd go into shock."

..."The chopper drops a cradle (and Johnson and me are being pulled up). As we're clearing the canopy, another grenade goes off. The cradle is rocking. The guy heads out over the South China Sea.

We get back to LZ English. I've got that cut on my head. They wheel this guy in, Sheldon, I recognize him.

He says, "Johnson's dead." That's when I found out Tom was dead."

Firefights are very chaotic events. There is usually no order to them, only sound, movement and pain.

1) How might experiencing a firefight and fear of death change your needs to control your environment? Might that need to control extend to your civilian life? Side by side in a helicopter's cradle, one lived and one died.

2) In trying to make sense of this situation, what conclusions might you come to? How might this event attack the foundations of a 19-year-old's religious faith?

3) Might this loss leave the survivor with survivor's guilt? Why or why not?

4) How might you best handle these potential problems from a pastoral perspective?

Practical Pastoral Tips: Theological Reflection

Pastors and chaplains may use theological reflection to discover the presence of God in a man's or woman's combat experience. Certain mechanisms for theological reflection bear emphasis.

- Sacraments, for example Baptism or Communion
- Sacred Narratives such as in David's Psalms or Jesus' time in the wilderness
- Hymns / Songs of Faith / Prayers such as the Amidah or Amazing Grace
- Festival Days and Church Calendar such as Yom Kippur (Day of Atonement) or Easter
- Images of Ministry such as stained glass windows or the Cross

How might you best use these mechanisms for theological reflection to assist a Veteran? How might they be used from the pulpit to assist your congregation with understanding?

Affordable Care Act (ACA) Information for Veterans

- VA wants all Veterans to get health care that improves their health and well-being.
- If a Veteran is enrolled in VA health care, they do not need to take additional steps to meet the health care law coverage standards.
- The health care law does not change VA health benefits or Veterans’ out-of-pocket costs.
- If a Veteran is not enrolled in VA health care, they can apply at any time.

Learn more about the Affordable Care Act and its affect on Veterans at www.va.gov/aca
Did You Know?
If you, a loved one or a member of your house of worship experience an emotional trauma, you (they) may also experience a number of personal changes. Right after a trauma, almost every survivor will find him or herself unable to stop thinking about what happened. Stress reactions such as increased fear, nervousness, jumpiness, upsetting memories, efforts to avoid reminders, and characteristics of the conditions listed below may occur.


**Self-blame, guilt and shame.** For more information, see [godunderstands.americanbible.org/when-you-feel-overwhelmed-with-guilt](http://godunderstands.americanbible.org/when-you-feel-overwhelmed-with-guilt).


**Summing it all up**
These characteristics will gradually decrease over time for most people. For some, however, symptoms may continue or get worse. You can best help if you have a basic understanding of these changes and assist those in need to get competent help. Consider using the websites above to increase your understanding.

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**A Community Success Story**

In 2005, Lori Stevens, a professional dog trainer in Rockwall, Texas, was asked to help a group of injured Veterans by helping them to train their dogs. "I realized the great need that many of our mobility-impaired Veterans have for assistance dogs." Starting with only a few family members and friends on her Advisory Board, she started Patriot Paws. It has grown exponentially since that time. The goal of her efforts with assistance dogs is to increase Veterans' self-sufficiency. Her dogs may include a variety of help. Examples include opening and closing doors, pulling wheelchairs, helping with chores such as laundry, taking off shoes and socks and recognizing and averting PTSD episodes. Surveys indicate that partnering with dogs can decrease both mental health symptoms and use of medication. Speaking of our Veterans, Lori has stated "We owe them far more than we can ever repay, but we're doing what we can, four paws at a time."

Sometimes the simplest actions are the most appreciated. One Veteran of Afghanistan who was injured by an IED and suffers from post-concussive syndrome, migraines, a herniated disc in his back and PTSD recalled the help from his service dog, Star: "She sleeps with me, so now I have better dreams. If I move about in my sleep, she will snuggle up to me and put her head on my chest." He is no longer alone.

**Who do you know in your community that trains dogs? What could your community do to train and provide assistance dogs for Veterans with mobility or psychiatric needs?**

Want more information on Patriot Paws? Go to: [http://patriotpaws.org/](http://patriotpaws.org/)

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The Rural Clergy Training Program is supported by the VHA Office of Rural Health. For more information, please visit [www.ruralhealth.va.gov/ruralclergytraining](http://www.ruralhealth.va.gov/ruralclergytraining).