Moral Injury

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Director, PTSD Consultation Program,
National Center for PTSD
Professor, UCSD Department of Psychiatry
Thank you

- Jake Farnsworth, PhD
- Todd McKee, MDiv
- Carie Rodgers, PhD
- Patricia Watson, PhD
Agenda

- What is Moral Injury?
- Moral Injury and PTSD
- Assessing Moral Injury
- Treating Moral Injury and its components
  - Therapist Considerations
  - PTSD Treatments
  - Novel Treatments
What is Moral Injury?

An event occurs where someone’s values and morals are violated by perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and values.

The person feels moral pain (involving emotions and cognitions) in response to the event.

Moral injury is the lasting psychological, biological, spiritual, behavioral, and social impact of the morally injurious event.
Moral Injury

The moral injury syndrome was proposed to describe the constellation of shame and guilt based disturbances that some combat veterans experience after engaging in wartime acts of commission (e.g., killing) or omission (e.g., failing to prevent atrocities).

Frankfurt & Frazier, 2016
Spiritual Definition

The individual suffering from spiritual injury has difficulty understanding how his or her view of faith, spirituality, relationship with God, and God’s involvement in one’s life can be true given the horrific experiences observed. A person suffering from spiritual injury doesn’t have answers to the questions related to the trauma he or she has experienced, is unsure how to resolve this tension and find the answers, and/or may be doubting that God is trustworthy.

Fuson, 2013
Moral Injury and Spiritual Injury

Moral Injury
- From events that transgress deeply held moral beliefs
- Morality could be based in religion or spirituality but may come from culture, family, and other groups
- Often results in guilt and shame

Spiritual Injury
- From events that call into question foundational religious values and beliefs (justice, divine power, meaning, etc.)
- Sometimes referred to as a wound to the soul
- Often results in a broader existential or spiritual crisis about doubt, truth, hope, and relationship to the divine and/or faith community

Mallard, 2017
Potentially Morally Injurious Events in War

- Perceived betrayal (by peers, leadership, civilians or self)
- Engaging in or witnessing acts that violated personal moral beliefs
- Within ranks violence

- Acts of disproportionate violence inflicted on others
- Incidents involving death or harm to civilians, collateral damage
- Wishing you had done something that you didn't do
Some Veterans feel guilty for NOT killing.

Some have to forgive comrades for unjustifiable acts that the Veteran felt powerless to confront.

Noncombat veterans sometimes feel guilty when they have seen fellow soldiers volunteer for dangerous missions.

Nurses and medics may feel guilty about the life and death decisions they made.

Survivor’s guilt is common; it can interfere with Veterans’ ability to enjoy their lives.

Others have guilt for killing women and children or committing “friendly fire” or intentional killing of perceived poor leaders.

Some veterans feel guilty for what they have put their family through.
How common is MI?

- NHVRS: Combat Veterans completed Moral Injuries Events Scale (Wisco, et al., 2017)
  - 26% betrayal
  - 26% transgression by others
  - 11% transgression by self
MI associated with distress

- Suicidal thoughts and behavior
- Depression
- Substance use
- PTSD…

Braitman et al., 2018; Bryan et al., 2018
Self-directed MI – Guilt and shame

Common following trauma and combat
- 54% endorse posttraumatic guilt in their lifetime
- 41% endorse current posttraumatic guilt
- 35% report being moderately to extremely bothered by their guilt

Miller et al., 2012

Can exacerbate posttraumatic distress
Persists without treatment
Guilt

I did something bad.

Shame

I am bad.
Guilt/Shame and Posttraumatic Reactions
MI Events/Traumatic Events

Moral Injury

- Often but not always related to life-threatening events
- Event transgresses understanding of morality

Criterion A

- Usually related to life-threatening events
- Often but not always fear based reaction
Moral Injury and PTSD

• More MI events related to greater PTSD and depression symptom severity
• Greater MI reaction related to greater symptom severity
• Having both MI and PTSD associated with highest suicidal thoughts and behaviors (Bryan et al., 2018)
ASSESSMENT
Spirituality and Moral Injury Assessment

- Are you affiliated with a religious or spiritual community?
- Do you see yourself as a religious or spiritual person? If so, in what way?
- Has your religion or spirituality changed over the years, and if so, in what ways?
- Has your religion or spirituality been involved in the way you have coped with the events in your life? If so, in what way?
MI Self-Report Measures

• Moral Injury Events Scale (MIES; 9 items; Nash et al., 2013)
  • Perpetration by others, by self, betrayal

• Moral Injury Questionnaire (MIQ; 20 items; Currier et al., 2015)
  • Assesses exposure to and frequency of MI events
  • Atrocities, Psychological Consequences, Leadership Failure/Betrayal in war
  • Modified version (Braitman et al., 2018) with common reactions:
    • Guilt, shame, difficulty forgiving self and others, and withdrawal

• Expressions of Moral Injury Scale (EMIS; 17 items; Currier et al., 2017)
  • Self- and other-directed moral emotions
Moral Injury Events Scale (MIES)

- Perpetration Other Subscale
  - I saw things that were morally wrong

- Perpetration Self Subscale
  - I am troubled by having acted in ways that violated my own morals or values
  - I violated my own morals by failing to do something that I felt I should have done

- Betrayal Subscale
  - I feel betrayed by leaders who I once trusted
Moral Injury Outcomes Scale – In progress (Yeterian et al., 2019)

• Gathering phenomenological data from Service Members, Veterans, clinicians
• Semistructured interviews and questionnaires conducted with care providers show early themes:
  • Psychological/behavioral, social, and spiritual/existential impacts
Assessing Critical Factors of MI

- Guilt
- Shame
- Anger
- Grief/loss
- Betrayal
Guilt and Shame

- Is the person experiencing guilt and shame?

- Trauma Related Guilt Inventory (TRGI)
  - Kubany et al., 1997

- The Trauma Related Shame Inventory
  - Oktedalen et al., 2014
MORAL INJURY INTERVENTION
Therapist Considerations

• Be patient
• Stay open/alert to understand MI
• Accepting, non-judgemental, empathic stance
• Stay alert to own presumptions about perpetration, morals, and values
PTSD Treatment for MI or MI Components – Mixed Results

• Trauma focused treatments can reduce guilt (e.g., Clifton, Feeny, Zoellner, 2017; Resick et al., 2002)

• Guilt may not change with PTSD treatment (e.g., Larsen et al., 2019; Owen, Chard, Cox, 2008)

• Greater guilt severity associated with less PTSD change (Oktedalen, 2015)

• Is MI a focus of therapy?
Addressing Traumatic Guilt in PTSD Treatment

In Prolonged Exposure Therapy

and

In Cognitive Processing Therapy

www ptsd va gov professional continuing ed guilt ptsdTX asp
Novel MI Interventions

- Acceptance and Commitment therapy for MI – Farnsworth et al., 2017
- Adaptive Disclosure – Gray et al., 2012
- Impact of Killing Treatment Program – Maguen et al., 2017
- Spiritually oriented consultation
- Trauma Informed Guilt Reduction – Norman et al., 2014
ACT for Moral Injury

Veterans learn skills to move toward their values in the presence of moral pain following the experience of morally injurious events.

New RR&D grant to assess acceptability and feasibility

72 warzone Veterans reporting current functional impairment related to moral injury.

Lauren M. Borges, Ph.D. and Sean M. Barnes, Ph.D., Co-I’s Jacob K. Farnsworth, Ph.D., Robyn D. Walser, Ph.D., Kent D. Drescher, Ph.D., Wyatt Evans, Ph.D., and Craig Rosen, Ph.D., and Consultants Lisa A. Brenner, Ph.D., Jason A. Nieuwsma, Ph.D. and Joseph M. Currier, Ph.D.
Acceptance and Commitment Therapy for Moral Injury (ACT-MI): Moving with Moral Pain Towards a Meaningful Life

HSR&D Cyberseminar May 13, 2019

Lauren M. Borges, Ph.D.
Clinical Research Psychologist
VA Rocky Mountain MIRECC for Veteran Suicide Prevention
lauren.borges2@va.gov

Adaptive Disclosure

- About 8 sessions of experiential, exposure-based work
- Exposure used to uncover meaning and implication of traumatic events
- If trauma includes loss, patients have imaginary emotionally evocative real-time dialogue with lost person
- Patients are guided through a dialogue with a forgiving and compassionate moral authority about the transgression
- May include self-compassion or mindfulness meditations.
6 sessions to augment EBP’s

Psycho-ed: Biopsychosocial aspects of killing in war that may cause moral injury

Identify meaning and cognitive attributions related to killing in war

Self-forgiveness through CT and for some spiritual intervention

Making amends may involve forgiveness letters or action plan

Initial study shows helpful for mental health symptoms and community involvement
IOK Recorded Webinar

To access the archive go to vaww.ptsd.va.gov/training.asp and look in the 2015 archive (available only on the VA network)

Killing in War: Research and Treatment
Shira Maguen, Ph.D. and Kristine Burkman, Ph.D.
San Francisco VA Medical Center
University of California, San Francisco School of Medicine
Spiritual Interventions

To access the archive go to www ptsd va gov consult and click on the Lecture Series tab (see February 2019 under “Previous Lectures”)

PTSD and Spirituality

J. Irene Harris, Ph.D., L.P.
Minneapolis VA Health Care System
TrIGR
TRauma Informed Guilt and Shame Reduction
Sonya Norman
Carolyn Allard, Kendall Browne, Christy Capone, Brittany Davis, Edward Kubany

• 3 Modules, 4-6 Sessions
• CBT + acceptance principles
• Transdiagnostic

1. Psychoeducation
2. Appraisal
3. Values
Moral Injury

The moral injury syndrome was proposed to describe the constellation of shame and guilt based disturbances at some combat veterans experience after engaging in wartime acts of commission (e.g., killing) or omission (e.g., failing to prevent atrocities)

Frankfurt & Frazier, 2016
Moral Injury

Moral injury is a particular type of psychological trauma characterized by intense guilt, shame. . .

Jinkerson, 2016
Module 1: Psychoeducation

- Non-adaptive guilt and shame model
- Association between guilt/shame and other posttraumatic distress, moral injury
- Start to explore the function of guilt/shame
- Common reasons
  - (e.g., killing for pleasure/feeling nothing guilt; atrocity guilt)
Non-adaptive guilt cycle:

- Avoidant coping, guilt, shame, distress, and cognitions intensify
- Guilt is appraised and used adaptively (e.g., values clarification, commitment to reparative action, etc…)

Posttraumatic problems: AUD, PTSD, MDD, Suicidal ideation

*unappraised guilt as evidence of wrong doing
Module 2: Appraisal

• Identify source(s) of guilt, shame, MI
  • Should/shouldn’t have thoughts

• Debrief
  • Foreseeability/Preventability
  • Justification
  • Responsibility
  • Wrong Doing
# Justification Analysis

<table>
<thead>
<tr>
<th>What you did</th>
<th>Option 1 - Mourn</th>
<th>Option 2 – Tell everyone to act appropriately</th>
<th>Option 3 -</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cons</strong></td>
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</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td>Got the job done, cope with situation, pull my share</td>
<td>Human reaction</td>
<td>Human reaction</td>
</tr>
<tr>
<td><strong>Cons</strong></td>
<td>Disrespected family</td>
<td>Stand out, not do job, put others in danger</td>
<td>Stand out, alienate self further, insubordinate</td>
</tr>
</tbody>
</table>
# Responsibility Analysis

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me</td>
<td>90</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
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<td>10</td>
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<tr>
<td>Total</td>
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</tbody>
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# Responsibility Analysis

<table>
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<tbody>
<tr>
<td>1. At war</td>
<td>90</td>
</tr>
<tr>
<td>2. Staff sergent’s orders</td>
<td>90</td>
</tr>
<tr>
<td>3. Consequences of insubordination</td>
<td>100</td>
</tr>
<tr>
<td>4. Not wanting to embarrass my family</td>
<td>80</td>
</tr>
<tr>
<td>5. Sleep deprivation</td>
<td>70</td>
</tr>
<tr>
<td>6. Felt numb, didn’t feel real</td>
<td>80</td>
</tr>
<tr>
<td>7. Didn’t want to stand out</td>
<td>90</td>
</tr>
<tr>
<td>8. Survivor instinct</td>
<td>90</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>490</strong></td>
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Modules 3: Morals and Values

• What would it mean to go on with life feeling less guilty?

• What function does guilt serve re: morals and values?

• Identify values in a number of domains
  • Memorial Service Exercise
  • Activity Tracking

• Set short and long term goals to live more closely aligned with morals and values
  • Trouble shoot
  • Reparative action???
Trauma Informed Guilt Reduction Therapy With Combat Veterans

Sonya B. Norman, VA San Diego Healthcare System, University of California–San Diego, and National Center for PTSD
Kendall C. Wilkins and
Ursula S. Myers, San Diego State University/University of California, San Diego Joint Doctoral Program
Carolyn B. Allard, VA San Diego Healthcare System, University of California–San Diego
DoD Funded 2-Site Study

• TrIGR v supportive therapy

• Transdiagnostic
  • PTSD, depression, substance use, suicide

• Post 9/11 Veterans- Deployment Traumas
Collaborators

• Christy Capone
• Paula Schnurr
• Tracie Shea
• Ariel Lang
• Carolyn Allard
• Brittany Davis
• Kendall Browne

• Laura Westendorf
• Moira Haller
• Jessica Tripp
• Colleen Kennedy
• Elizabeth Straus
• Robert Lyons
Where do we go next?

- Work toward consensus
  - Definitions, components

- Measurement

- Understand relationship with symptoms

- MI and treatment
  - Understand effect on existing treatments
  - Understand effect of existing treatments
  - Understand effect of novel treatments
    - Who is likely to benefit from what treatments?
    - Sequencing?

- Non-military traumas
Please enter your questions in the Q&A box and be sure to include your email address.

The lines are muted to avoid background noise.
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TRAIN help desk: VHATRAIN@va.gov
CEU Process for users of VHA TRAIN (non-VA)

Registration→ Attendance → Evaluation → Certificate

Register in TRAIN.

Listen to the lecture.

Return to TRAIN for evaluation.

Follow the directions to print certificate.

TRAIN help desk: VHATRAIN@va.gov

(866) 948-7880 or PTSDconsult@va.gov
Register in TMS.

Join via TMS and listen to the lecture.

Posttest is no longer required for this lecture.

Return to TMS and complete evaluation.

Search “My Learning” to find it.

Print certificate from “My History” section of TMS.

CEU Process (for VA employees)

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PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

PTSDconsult@va.gov
(866) 948-7880
www.ptsd.va.gov/consult
**SAVE THE DATE:** Third Wednesday of the Month from 2-3PM (ET)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>June 19</td>
<td>Cognitive Processing Therapy with Diverse Populations</td>
<td>Shannon Wiltsey-Stirman, PhD</td>
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<tr>
<td>July 17</td>
<td>Genetics research on PTSD: New findings from the Psychiatric Genomics Consortium</td>
<td>Karestan Koenen, PhD</td>
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<tr>
<td>August 21</td>
<td>Focal Brain Stimulation for PTSD</td>
<td>Paul Holtzheimer, MD</td>
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<tr>
<td>September 18</td>
<td>Treating PTSD and Cognitive Impairment from Traumatic Brain Injury</td>
<td>Amy Jak, PhD</td>
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<tr>
<td>October 16</td>
<td>Unconventional Interventions for PTSD: Available but Evidence-Based?</td>
<td>Paul Holtzheimer, MD</td>
</tr>
<tr>
<td>November 20</td>
<td>Addressing Sleep: A Strategy for Symptom Reduction &amp; Suicide Prevention?</td>
<td>Wilfred Pigeon, PhD</td>
</tr>
<tr>
<td>December 18</td>
<td>Treating Comorbid PTSD and Borderline Personality Disorder</td>
<td>Melanie Harned, PhD, ABPP</td>
</tr>
</tbody>
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For more information and to subscribe to announcements and reminders go to [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)