

PTSD and 'Moral Injury'  
In Veterans

A Call  
for a  
Bio-Psycho-Social-Spiritual  
Response

Elizabeth Ann Good  
Colonel, US Army Ret  
Graduate Student, MATS/MSW  
Aquinas Institute of Theology and Saint Louis University

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AGENDA

Objectives:

- Identify the distinguishing characteristics between and the relationship of a diagnosis of PTSD to 'moral injury'.
- Describe the role that the warrior/military culture and subsequent betrayal play in the creation of and suffering from a 'moral injury'.
- Discuss the spiritual implications of a 'moral injury'.
- Identify spiritual treatment intervention tools and their implications for holistic healing.
- Interact with a collaborative, bio-psycho-social-spiritual treatment intervention for veterans suffering from a 'moral injury'.

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VETERAN  
Any former or current member of the Armed Forces

Population: [www.va.gov](http://www.va.gov), National Center for Veterans Analysis and Statistics (NCVAS)  
22 million [only 14% of the US Population]:

- WW II: 1
- Korean Conflict: 1.9
- Peacetime only: 5.5
- Vietnam: 7.2
- Gulf War: 7.0 (OIF/OEF ~1.2)

5.1 million in VHA

PTSD Prevalence  
Civilian: Lifetime prevalence rates  
7-8 % population, 5.2 million in any given year  
10% women and 4% men

Veteran: Lifetime prevalence per era:  
Vietnam: 30.9% for men and 26.9% for women  
Gulf War: 10-12% (est.)  
Iraqi Freedom (OIF)/Enduring Freedom(OEF): 11-20% (est.)

<http://www.ptsd.va.gov/public/PTSD-overview>

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**PTSD****Post Traumatic Stress Disorder (PTSD)**

“exposure or witness to an extreme traumatic and potentially life threatening event which causes consequent intense reactions of fear and hopelessness and re-examining the event avoidance of traumatic reminders and numbing responsiveness, hyper arousal.”

**Diagnostic Criteria: (DSM-V)**

- A. Stressor
- B. Intrusive symptoms (1)
- C. Avoidance (1)
- D. Negative alterations in cognition and mood (2)
- E. Alterations in arousal and reactivity (2)
- F. Duration
- G. Functional Significance
- H. Exclusion

**Moral Injury**

“potentially morally injurious events, such as perpetrating, failing to prevent or bearing witness to acts that transgress deeply held moral beliefs and expectations. ....may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially.”

*Litke, et al., (2008)*

*What they do to others or fail to do for each other  
rather than what gets done to them.*

**Framework**

Manifests as PTSD like symptoms : intrusions, avoidance, numbing

Unique outcomes :

- Shame
- Guilt
- Demoralization
- Self-handicapping behaviors (self sabotaging relationships)
- Self harm

**Concept**

- Unlike PTSD which is a mental disorder requiring diagnosis, moral injury is a multidimensional problem.
  - There is no threshold for establishing presence of moral injury
  - A Veteran may have none, mild to extreme manifestations
- Religion and spirituality are key components because those pre-existing morals and values that are transgressed in war stem from religious beliefs and faith practices.
- Since transgression is not necessary part of a PTSD diagnosis, PTSD as a diagnosis does not adequately describe moral injury and its occurring shame, guilt, and self blame behaviors.

**Characteristics**

- Internal severing of a soldier's core ethical and moral beliefs (code)
- Long term spiritual and moral questions:
  - Loss of Faith
  - Loss of Hope
  - Increase in guilt and shame, self-blame, unworthiness
  - Unable to Love: alienation from others and from God
  - Pessimism
  - Anger at God

### Moral Injury – Cause and Effect

#### CAUSE

- Exposure to injury/death of others /wounded /killing of enemy
- Two world views {patriotism and faith} come into conflict
- No war - no matter how just or good - leaves the soldiers who fought it, feeling like they have “dirtied their souls.”

#### BIO-PSYCHO-SOCIAL-SPIRITUAL EFFECT

##### Unresolved Grief

- Do not understand/never dealt with grieving process

##### Guilt and Shame

- Come to terms with guilt/ not allow it to be resolved
- Making amends rids guilt - does not remove shame

##### Meaning Making

- Feel stuck, unable to find meaning in life
- Not sure how to “do” life now
- Family wants old soldier back - which will not happen

### Military Culture ~ Psychosocial-Spiritual Impact

“It is important to appreciate that the military culture fosters an intensely moral and ethical code of conduct and, in times of war, being violent and killing is normal, and bearing witness to violence and killing is, to a degree, prepared for and expected. Nevertheless, individual service members and units face unanticipated moral choices and demands and even prescribed acts of killing or violence that may have a delayed but lasting psychosocial- spiritual impact. (guilt and shame.)”

*(Litz et. al., 2009)*

### Military/Warrior Culture How do you build a soldier?

*Break them down and Build them up*

#### Physically and Mentally

Comradery builds, family/Brotherhood bond  
Objectives given - Expectations raised  
Decisions and choices made effect other  
Impacts for the greater good

*LOYALTY is born*

Esprit de Corps - Traditions - Unit History  
Privilege to belong  
Pride – in the what and the how

*HONOR is born*

Mettle is tested -  
Leadership and Integrity responsibilities  
Teamwork = Missions accomplished

*DUTY is born*

War time - willing to sacrifice to defend brother  
Patriotism for greater good

*DUTY  
HONOR  
COUNTRY*

[http://www.ptsd.va.gov/professional/continuing\\_ed/military\\_culture.asp](http://www.ptsd.va.gov/professional/continuing_ed/military_culture.asp)




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Military/Warrior Culture  
"Lean Green Fighting Machine"

Stressors/Transitions

- Promotions - up or out/ responsibility/ leadership
- Deployments - away from family, loved ones
- Conflict/War
- Returning home from deployments/war

Moral Injury Event occurs  
(Drescher et. al, (2011))

<p><b>BETRAYAL:</b></p> <ul style="list-style-type: none"> <li>➢ Leadership failure</li> <li>➢ Peer</li> <li>➢ Self</li> </ul> <p>Disproportionate violence Incidents involving civilians Within-rank violence</p>	<p><b>Warrior's Response:</b> Denial, anger, depression, suicidal ideations, lack of trust, sleeplessness <b>Behaviors:</b> (similar to PTSD), hypervigilance, anxious, intrusive thoughts, nightmares <b>Emotions:</b> shame, guilt, self-loathing (condemnation), grief</p>
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• Since the heart is the source of all our actions, as the heart is, so are they. •  
*St Francis de Sales*

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Spiritual Maladies – Common Consequences of War

Soul Wounds....Violated Conscience ... Deep Grief

SOUL WOUNDS

- Nexus of our deep connection with all that is good, true and beautiful
- Diminish everything meaningful
- Erode capacity for connection, trust, gratitude, appreciation, compassion, forgiveness, peace, hope, love and zest for life itself

VIOLATED CONSCIENCE

- Health of the soul related to ethics and morality
- War unleashes massive, destructive internal and external forces that wound the soul causing moral failure
- Results in festering guilt and shame

DEEP GRIEF

- War brings mild, severe, spiritual losses
- Survival comes first – grief is put on hold
- Suppressed grief resurfaces as: anger/sadness; guilt/shame; loss of emotional control; mental confusion and trouble getting back to normal; feelings of hopelessness; joylessness; and despair.

(Stippels, 2009)

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## Treatment Response

### PTSD

- Warriors are taught to DEAL
- Technical, structured forms of psychosocial interventions to cognitively *deal with the symptoms* occurring from the betrayal event:
  - ✓ Trauma focused Cognitive Behavioral Therapy (CBT)
  - ✓ Eye Movement desensitization and reprocessing (EMDR)
  - ✓ Prolonged Exposure (PE)
  - ✓ Cognitive Processing Therapy (CPT)

### Moral Injury

- Warriors are not taught how to HEAL
- So the *soul* damage remains
- The damage done to one's soul, is where reconciliation must occur in order to HEAL.

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## Moral Injury Interventions

### Interventions (Drescher et al., 2011)

- ✓ Spiritually directed
- ✓ Socially directed
- ✓ Individually directed- collaborative and across multiple disciplines

### Soul repair occurs:

- Shame Resilience theory
- Emotional focused therapy
- Attachment therapy
- Schema therapy
- Psycho-educational therapies such as reconciliation and forgiveness
- Adaptive Disclosure (Gray et al., 2011 in press, Steenkamp et al., 2011)

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## Moral Injury~ (Litz et al., (2009) - 8 step Treatment Plan

1. Develop a working alliance and trusting and caring relationships.
2. Education about moral injury and its impact and a *collaborative plan* for promoting change.
3. Cognitive and exposure-based processing of events surrounding the moral injury.
4. Careful examination of the implication of the experience for the person in terms of key 'self and other' schemas.
5. Engage in an imaginal dialogue with a benevolent moral authority {e.g., parent, grandparent, coach, clergy} about what happened/ how it impacts the patient now / future plans.
6. Fostering an opportunity for reparation and self-forgiveness.
7. Fostering an opportunity for reconnection with various communities {faith and family}.
8. Assisting in developing an assessment of goals/values to make meaning in life and move forward.

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### Moral Injury ~ Clinical Identification

- Psychological screening
- Trauma focused Cognitive Behavioral treatments completed but symptoms remain
- Depression indicator- is there internalized guilt ?
- Co-occurring depression increases potential for suicide risk
  - ❖ impulsive risk taking, or self-destructive behaviors
- Suicidality increases the urgency to identify and treat
- Intuitive clinician gets a “gut feeling” and may post questions about issues that “we all agreed not to talk about it”
- Therapeutic attention devoted to
  - ❖ avoid discussing emotions
  - ❖ does not believe she/he deserves help
  - ❖ self-sabotage / self punish / stopping and starting

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### SPIRITUAL ASSESSMENT

“{It is vital} to know beforehand, prior to unleashing {any} therapeutic furor, something about the person’s religious situation- his state of grace, despair, deep or his shaken loyalty, his tenets or disbeliefs, his grounds for hope, if any, his rebelliousness or his tendency to deny any responsibility for himself...”

*(Pruyss, 1976)*

#### Variables

- ✓ Beliefs and over-beliefs are situated in an individual’s life
- ✓ Affect thoughts, feelings and acts, and perceptions of client’s predicament
- ✓ Reveal attitudes that affect the helping relationship itself
- ✓ Increases the healing professionals’ ability to heal- guide- and sustain

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### Why Assess Spirituality?

- ✓ Part of multi-method assessment
- ✓ Allows us to access any existing spiritual boundaries
- ✓ Helps identify possible features of guilt/disassociation
- ✓ Provides insights into hope, resilience, and motivation
- ✓ May indicate sources of self-blame: “I am bad” ... “It’s my fault”
- ✓ Brings to light a more complete “whole person” picture
- ✓ Spirituality effects:
  - Meaning Making, Guilt and Moral injury, Grief and Bereavement

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### Role of Spirituality in Trauma Recovery

A Healthy spirituality:

- ✓ Linked to positive outcomes; can lower level of symptoms and clinical problems
- ✓ May improve post-trauma outcomes
  - Behavioral risks, expanded social support, lessens feelings of isolation and depression, enhancement of coping skills and meaning making through prayer/meditation
- ✓ Can affect a number of PTSD symptoms
- ✓ Is a resource for resilience and recovery

### Spiritual Assessment Tools

#### Spiritual History

- FICA (Puchalski & Romer, 2000)
- SPIRIT (Ambuel & Weissman, 1999)
- HOPE (Anandarajah & Hight, 2001)
- FAITH (King, 2002)
- FACT (LaRocca & Pitts, 2008)
- CSI-MEMO (Koenig, 2002)

#### Spiritual Assessments

- 7x7 (Fitchett)
- SNAP (Sharma et al. 2006)
- The "Discipline" (VandeCreek & Lucas, 2001)

FICA	Faith	Influence	Community	Addressing needs		
SPIRIT	Spiritual belief system	Personal Spirituality	Integration in community	Rituals and Restrictions	Implications for Care	Terminal Events Plan
HOPE	Hope Source	Organized Religion	Practices or Personal Spirituality	Effects on Care		
FAITH	Faith	Application to Health	Involvement in church	Treatment implications	Help needed	
FACT	Faith & beliefs	Active & Accessible?	Coping or Conflict?	Treatment Plan		
CSI MEMO	Comfort or Stress	Influence?	Member?	Other needs?		
7x7	Holistic Assessment: Medical; Psychological; Family System; Psychosocial; Cultural/Social; Spiritual	Spiritual Assessment: Beliefs; Vocation; Experience; Growth; Practices; community; Authority				
SNAP	Spiritual Narrative Assessment Process					
Discipline	Sense of Holy	Meaning	Hope/Need	Community & Resources		

FICA

**F - Faith, Belief, Meaning**

- ❖ Do you consider yourself spiritual or religious?
- ❖ Do you have spiritual beliefs that help you cope with stress?

**I - Importance/Influence of**

- ❖ What importance does your faith/belief have in your life?
- ❖ Have your beliefs influenced how you take care of yourself?

**C- Community Connections**

- ❖ Are you part of a spiritual community
- ❖ Is this a support to you and how?

**A ~ Address/Action**

- ❖ How would you like me to address these issues with you in your care?

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Psychosocial-Spiritual Impact

“We are doing a disservice to our service members and Veterans if we fail to conceptualize and address the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations, that is, moral injury.”

(Litz et. al., 2009)

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Heart of the Matter

**DEALING**

CBT  
EMDR  
PE  
CPT

**WARRIOR  
ETHOS  
SEVERED**

HEALING

SPIRITUAL ASSESSMENT  
SHAME RESILIENCE  
ATTACHMENT  
SCHEMA THERAPY  
RECONCILIATION/FORGIVENESS  
ADAPTIVE DISCLOSURE

“Since the heart is the source of all our actions, as the heart is, so are they.”  
*St Francis de Sales*

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## RESOURCES

US Department of Veterans' Affairs. *PTSD: National Center for PTSD*. <http://www.ptsd.va.gov/>

Drescher, K.D., Foy, D.W., Kelly, C., Leshner, A., Schutz, K., and Litz, B. "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans." *Traumatology* 17 (2011): 8-18.

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Sippola, John W., and Amy Blumenahine. *Welcome Them Home - Help Them Heal*. Duluth, MN: Whole Person Associates, Inc., 2009.

"Spiritual Assessment Tool: FICA" [http://www.hpsm.org/documents/End\\_of\\_Life\\_Summit\\_FICA\\_References.pdf](http://www.hpsm.org/documents/End_of_Life_Summit_FICA_References.pdf)

## DISCUSSION

[egood3@slu.edu](mailto:egood3@slu.edu)