



## 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'.

## 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>

**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
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**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.”

Litz, et al., (2009)

*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
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**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.

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**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
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## 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

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## 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

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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.)”

(Litzen 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

LOVELYis.com

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

HONOR is...

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.nts.dva.gov/professional/continuing\\_ed/military\\_culture.asp](http://www.nts.dva.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)

**BETRAYAL:**

- Leadership failure
- Peer
- Self

**Disproportionate violence**  
Incidents involving civilians  
Within-rank violence

**Warrior's Response:**  
Denial, anger, depression, suicidal ideations, lack of trust, sleeplessness  
Behaviors: (similar to PTSD), hypervigilance, anxious, intrusive thoughts, nightmares  
Emotions: shame, guilt, self-loathing (condemnation), grief

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.

(Sippola, 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 pose 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...”

*(Pruyser, 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

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## Spiritual Assessment Tools

### Spiritual History

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

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### Spiritual Assessments

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

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

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| <p><b><u>FICA</u></b></p> <p><b>F</b> - Faith, Belief, Meaning</p> <ul style="list-style-type: none"> <li>❖ Do you consider yourself spiritual or religious?</li> <li>❖ Do you have spiritual beliefs that help you cope with stress?</li> </ul> <p><b>I</b> - Importance/Influence of</p> <ul style="list-style-type: none"> <li>❖ What importance does your faith/belief have in your life?</li> <li>❖ Have your beliefs influenced how you take care of yourself?</li> </ul> <p><b>C</b> - Community Connections</p> <ul style="list-style-type: none"> <li>❖ Are you part of a spiritual community</li> <li>❖ Is this a support to you and how?</li> </ul> <p><b>A</b> - Address/Action</p> <ul style="list-style-type: none"> <li>❖ How would you like me to address these issues with you in your care?</li> </ul> <p style="text-align: center;">. . .</p> |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b><u>Psychosocial-Spiritual Impact</u></b></p> <p>“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.”</p> <p><small>(Litz et. al., 2009)</small></p> <p style="text-align: center;">. . .</p> |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b><u>Heart of the Matter</u></b></p> <div style="text-align: center; margin: 10px auto; width: fit-content;"> <p><b>WARRIOR ETHOS SEVERED</b></p> <p><b>DEALING</b></p> <p>CBT<br/>EMDR<br/>PE<br/>CPT</p> <p><b>HEALING</b></p> <p>SPIRITUAL ASSESSMENT<br/>SHAME RESILIENCE<br/>ATTACHMENT<br/>SCHEMA THERAPY<br/>RECONCILIATION/FORGIVENESS<br/>ADAPTIVE DISCLOSURE</p> <p>“Since the heart is the source of all our actions, as the heart is, so are they.”<br/><i>St Francis de Sales</i></p> </div> <p style="text-align: center;">. . .</p> |  |  |  |  |  |  |  |  |  |  |  |
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## RESOURCES

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## DISCUSSION

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