

MORAL INJURY AND CLERGY

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What Is Moral Injury and Why Is It Important?

DEFINITIONS OF MORAL INJURY

- ✘ “Moral injury is present when (1) there has been a betrayal of what is morally correct; (2) by someone who holds legitimate authority; and (3) in a high-stakes situation.” (Shay, 2013)
- ✘ “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al., 2009)



MORAL INJURY

Is NOT A Psychiatric Diagnosis!!

- Changes in DSM-5 PTSD Diagnosis incorporate more aspects of moral injury into the diagnostic criteria.
 - 4 New & modified symptoms – all of which more fully capture moral injury
 - Persistent and exaggerated negative beliefs or expectations
 - Persistent, distorted cognitions about the cause or consequences of the trauma (i.e. blame)
 - Persistent negative emotional state (i.e. mentions anger, guilt, or shame)
 - Reckless or self-destructive behavior

Research About Moral Injury

QUALITATIVE STUDIES OF MORAL INJURY

- What can we learn from qualitative studies?
- How do they differ from Quantitative studies?
 - **Providers (Mental health / Chaplains)** (Drescher et al., 2011)
 - **Archival Narratives (Vietnam)** (Filpse-Vargas et al, 2013)
 - **Interviews with Iraq / Afghanistan combat veterans** (Currier et al., 2015)



MI – QUALITATIVE FINDINGS

Types of Experiences	Signs/Symptoms
Use of lethal force	Social problems
Small arms, mechanized warfare	Isolation; aggression
Betrayals	Trust issues
Types: leadership; peers; civilians; self	Intimacy impairment
Abusive violence	Spiritual changes
Atrocities; Disproportionate violence	Loss of faith
Collateral damage	Existential issues
Women, children, elderly	Fatalism; sorrow
Within-ranks violence	Negative self-concept
Sexual assault; friendly fire; fragging	Self-loathing; damaged

CAUSES OF MORAL INJURY - ORGANIZATIONAL

✘ *Category #1: Organizational Circumstances*

- + 1.1. Rules of engagement can be too restrictive and place people's lives in danger
- + 1.2. Rules of engagement can be inconvenient and hard to define in varying contexts
- + 1.3. Military leadership perceived as incompetent and out of touch with life on the ground
- + 1.4. Military leadership perceived as self-serving and uncaring
- + 1.5. Appreciation for hierarchical structure and need to defer to authority in times of uncertainty
- + 1.6. Small units can engender sense of vulnerability and lack of accountability
- + 1.7. Combat operations sometimes based on inaccurate intelligence
- + 1.8. Lack of training and/or preparation for negotiating ethical/moral challenges

(Currier et al., 2015)

CAUSES OF MORAL INJURY – COMBAT ENVIRONMENT

✘ ***Category #2: Environmental Circumstances***

- + 2.1. Tactical strategies of the enemy and not playing by the same rules
- + 2.2. Difficulty appraising threats and identifying enemy in high stakes situations
- + 2.3. Contending with poverty and difficult geographic conditions
- + 2.4. Persistent chaos and need for split second decision-making
- + 2.5. Civilians can be unpredictable and make unsafe decisions

(Currier et al., 2015)

CAUSES OF MORAL INJURY - CULTURAL / RELATIONAL

✘ ***Category #3: Cultural and Relational Circumstances***

- + 3.1. Internalization of “kill or capture” attitude and group-based reasoning
- + 3.2. Lack of trust or perceived incompetence of comrades
- + 3.3. Pressure for respects and bonds strengthened by violence in units
- + 3.4. Dehumanization of enemy and formation of hateful attitudes toward civilians
- + 3.5. Uneasy alliances with civilians and indigenous collaborators

(Currier et al., 2015)

CAUSES OF MORAL INJURY - PSYCHOLOGICAL

✖ *Category #4: Psychological Circumstances*

- + 4.1. Hopelessness and resolution to return home
- + 4.2. Conditioned engagement in and possible enjoyment of aggressive acts
- + 4.3. Emotional detachment and numbness
- + 4.4. Persistent fear and forced sense of helplessness
- + 4.5. Accumulative anger and desire for retribution
- + 4.6. Perceived changes in identity and/or personal morality
- + 4.7. Grief over combat losses and related concerns

(Currier et al., 2015)



KILLING IN COMBAT

- **Shira Maguen, Ph.D. (San Francisco VA)**
 - **2009** (NVVRS data) *Killing associated with **PTSD symptoms, dissociation, functional impairment, and violent behaviors***
 - **2010** (Iraq) *Killing was a significant predictor of posttraumatic disorder (**PTSD**) symptoms, **alcohol abuse, anger, and relationship problems.***
 - **2011** (Gulf War, NVVRS) *Increased PTSD, Alcohol, higher **PTSD & IPV***
 - **2012** (NVVRS Data) *Veterans who had more killing experiences had twice the odds **of suicidal ideation**, compared to those with lower or no killing experiences*
 - **2013** (Iraq/Afghanistan) *Those who killed had twice the odds of being in the most **symptomatic PTSD** class, compared to those who did not kill.*

QUANTITATIVE STUDIES

- ✘ Study 1 (Nash et al., 2013)
 - + Moral Injury associated with higher **Depression, Anxiety, PTSD, Negative Affect, and lower Social Support**
- ✘ Study 2 (Bryan et al., 2014)
 - + Higher exposure to MI Events (Self, Other) among active-duty service members with history of **suicide attempt**. Higher exposure to MI Events (Self) associated with recent **suicide ideation** (past week)
- ✘ Study 3 (Currier et al., 2013)
 - + Associations between Moral Injury and **work/social adjustment, PTSD, and depressive symptoms (including suicidality)** after controlling for combat exposure

WHAT IS MORALITY?

THE HEAD, THE HEART, THE COMMUNITY

WHAT IS MORALITY?

Humans experience morality on at least 3 levels...

The Head

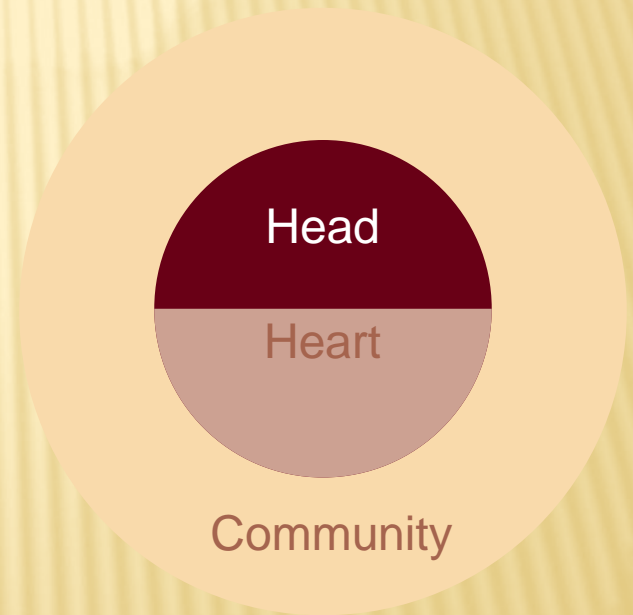
- + Thinking, verbal reasoning
 - × Learned morality

The Heart

- + Emotions and physical sensations
 - × Moral intuitions

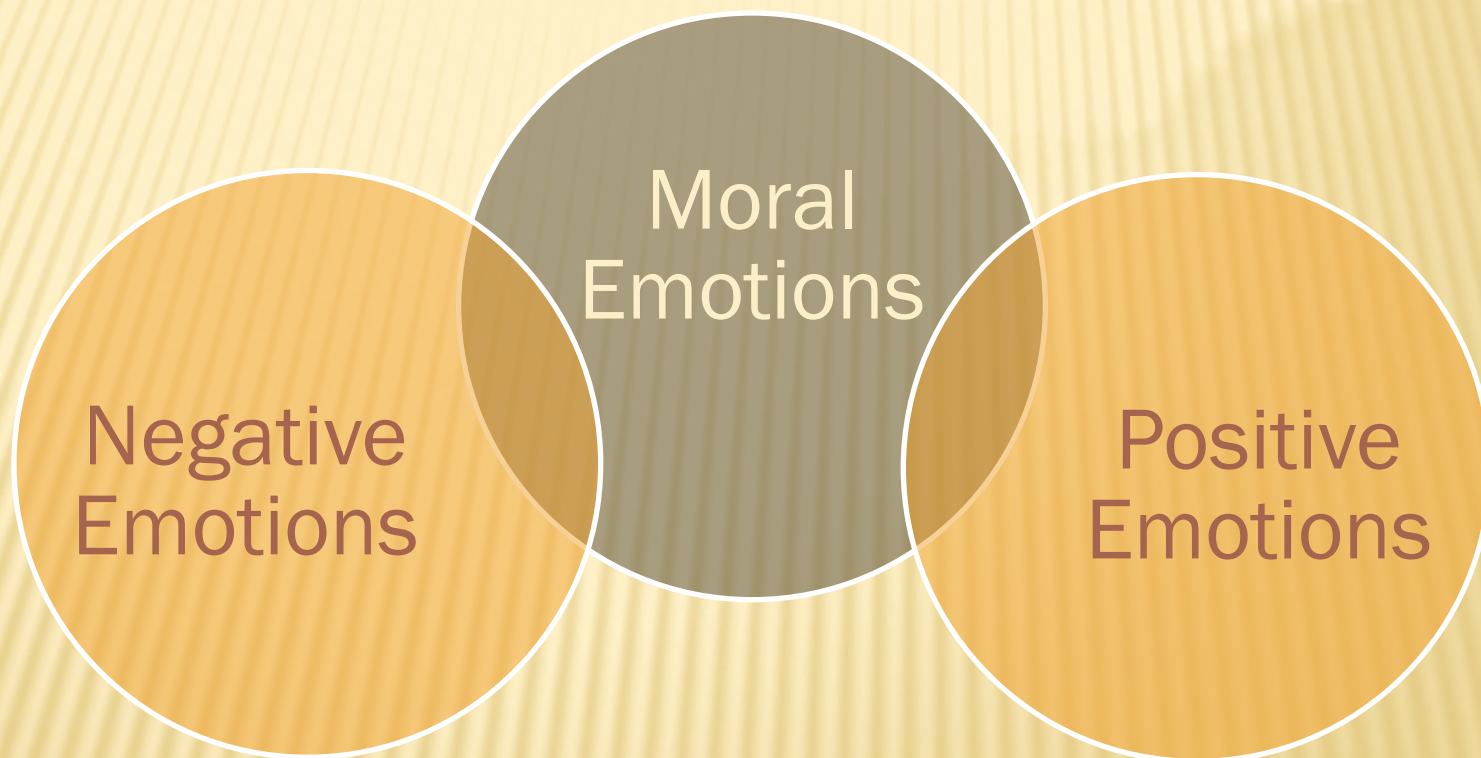
The Community

- + Relationships and group dynamics



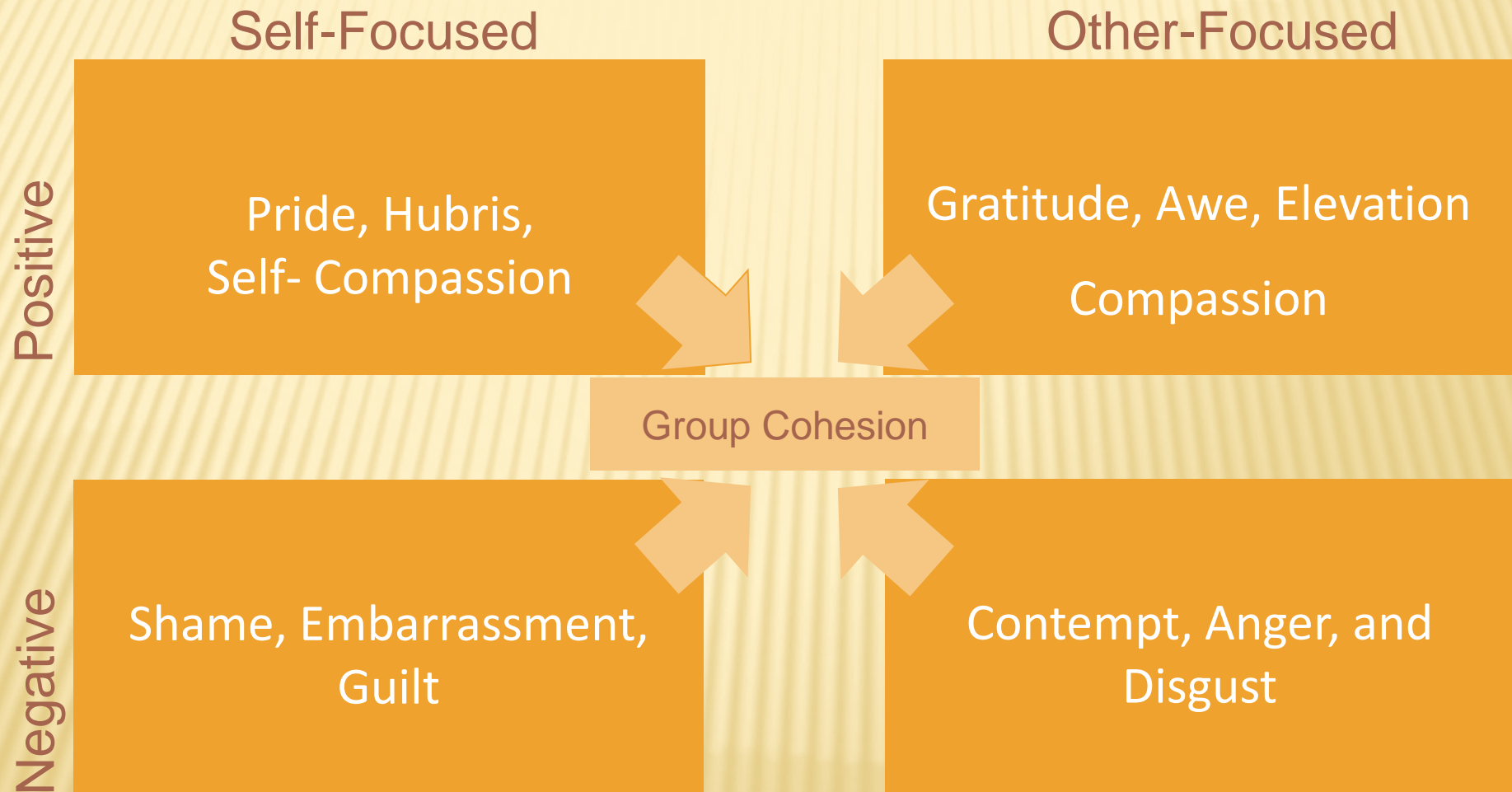


EMOTIONAL ARRAY





MORAL EMOTIONS



INTELLECTUAL MORALITY

The Head

- + Rational and logical thought
- + Primarily verbal rules
- + “Should’s” and “Should not’s”



Manifested over time through...

- + Legal Systems
- + Religious doctrines
- + Cultural rules



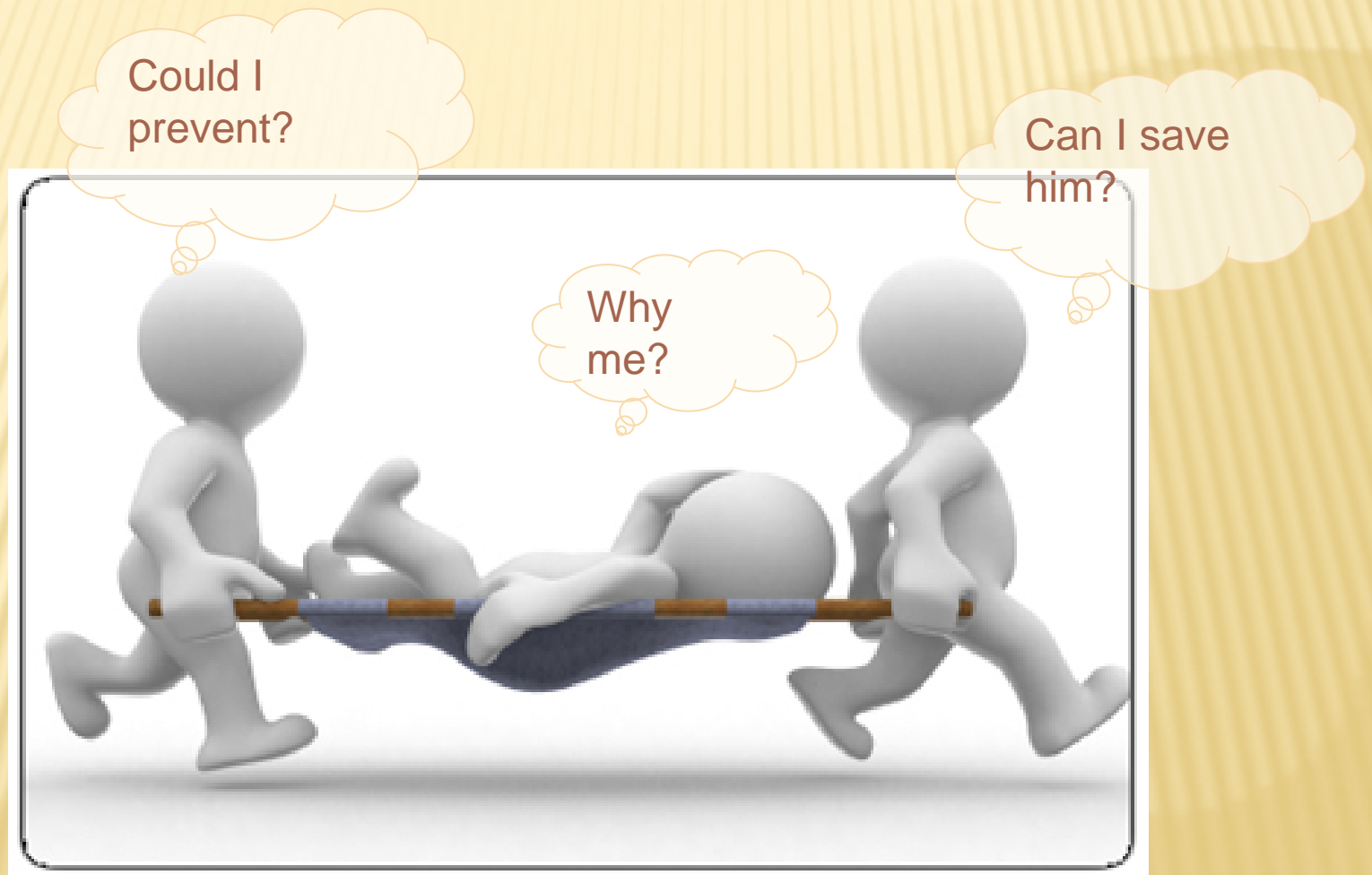
THOUGHTS ABOUT TRAUMA

✕ Appraisals

- + Evaluate the significance of an event
 - ✕ Extent of Threat
 - ✕ Resources Available to Cope



THOUGHTS DURING TRAUMA



THOUGHTS ABOUT TRAUMA

✖ **Attributions**

- + Explanations of cause / meaning
 - ✖ Controllability
 - ✖ Locus (int vs ext)
 - ✖ Stability
 - ✖ Intentionality
 - ✖ Universality
 - ✖ Globality



THOUGHTS / EMOTIONS TOGETHER

Moral Intuitions	Moral Thoughts	Moral Emotions
Innocent Harmed	"I am evil"	Guilt
Unfair / Unjust	"He crossed a line"	Rage
Failed my team	"I'm weak / incompetent"	Shame
Disloyal / Betrayal	"I can't trust anyone"	Contempt
Dishonor / Sacrilege	"He's a disgrace"	Disgust

ASSIMILATION / ACCOMMODATION

✖ Dissonance

- + Discomfort at discrepancy between what you already know or believe, and new information or interpretation arising from an event

✖ Assimilation

- + Fitting new meanings derived from event into my inner world
 - may require changing view of what happened

✖ Accommodation

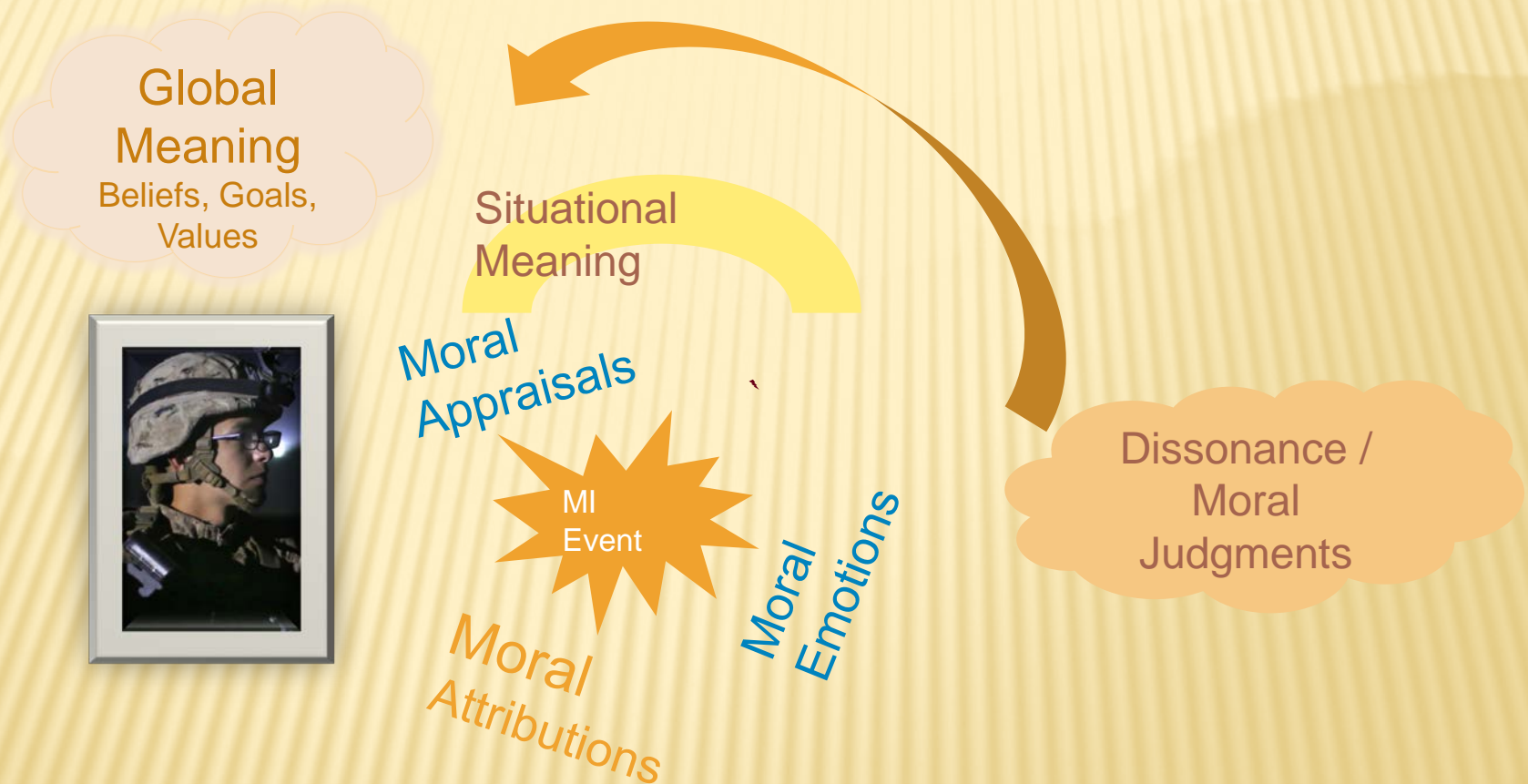
- + Changing my inner world to accommodate new meanings derived from event

SHATTERED MEANINGS

✕ Core Beliefs / Values

- + Who I am – my character
- + How I view others – Who can I Trust?
- + Where I fit in the universe – spiritual
- + My expectations about my future
- + Is there hope?

MORAL INJURY



Signs & symptoms of moral injury likely to be seen by clergy

SIGNS & SYMPTOMS

- ✘ Moral Emotions
 - + Shame, Guilt, Anger, Contempt, Hatred
- ✘ Moral Beliefs about Self / Others
- ✘ Spiritual Struggle / Issues with Forgiveness
- ✘ Avoidant or Self-Destructive Behaviors
 - + Risk taking, Substance Use, Active / passive self harm
- ✘ Alienation / Social Isolation
 - + Job / School / Family / Relational Issues
- ✘ Mental Health Disorders

How clergy can help



HELPFUL PROVIDER CHARACTERISTICS

- Importance of rapport-building
- Cultural Competence balanced with not assuming you understand
- Willingness to ask hard questions in non-judgmental way
- Willingness to live with ambiguity - Comfort with Discomfort
- State-of-the-art knowledge

KNOWING WHEN TO REFER

- ✘ When Mental Health Disorders are Present
 - + Not “Either/or” usually “Both/and”
 - + Moral Injury usually co-occurs with MH Problems
- ✘ When Issues Exceed Competence
- ✘ When in Doubt Confer / Consult
- ✘ When Possible Collaborate with MH

BEST CARE IS COLLABORATIVE

- ✘ Know what Mental Health Care is available
- ✘ Build Relationships with other Providers
 - + Discuss cases and consult
 - + Attend Team Meetings
- ✘ Know the Treatments the Client is Receiving
 - + Collaborate – don't work cross-purposes
 - + Ask the Client
 - + Read Medical Record and Chart What You're Doing
- ✘ Learn about Evidence-Based Treatment

MI CURRENT TREATMENTS

- **Evidence-Based Treatments for PTSD**
 - Prolonged Exposure (PE)
 - Cognitive Processing Therapy (CPT)
- **Emerging Treatments (not widely available)**
 - Adaptive Disclosure
 - Impact of Killing
 - Acceptance & Commitment Therapy for MI

CLERGY READINGS

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