

# MORAL INJURY AND CLERGY

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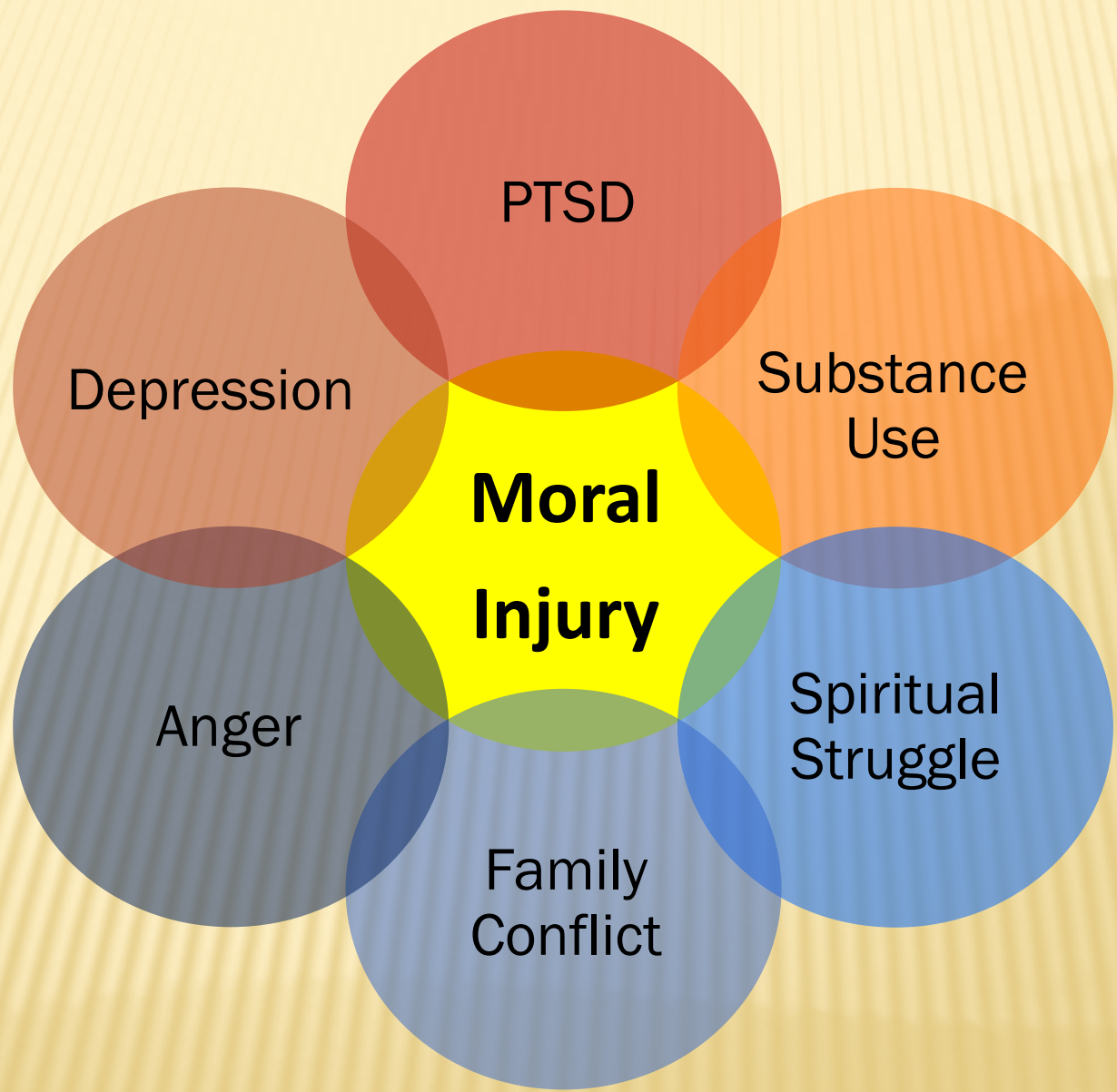
# What Is Moral Injury and Why Is It Important?

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# DEFINITIONS OF MORAL INJURY

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- ✘ “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

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## 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

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# QUALITATIVE STUDIES OF MORAL INJURY

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- 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

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

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## ✘ ***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

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## ✘ ***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

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## ✘ *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

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- **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

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- ✘ 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

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# WHAT IS MORALITY?

Humans experience morality on at least 3 levels...

## The Head

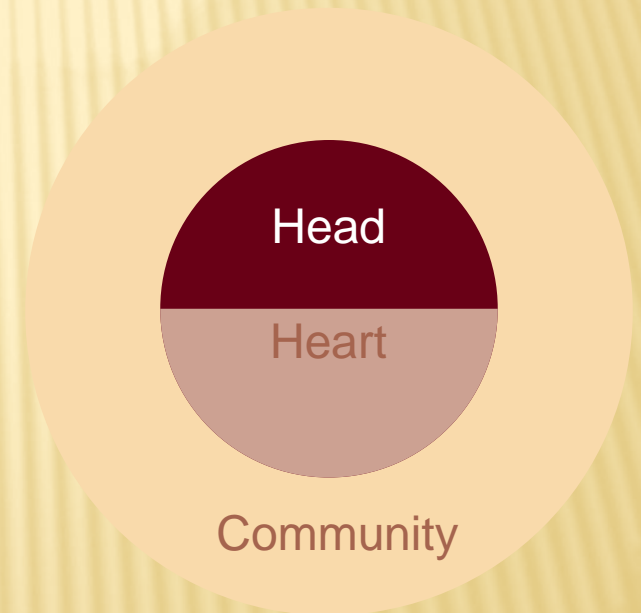
- + Thinking, verbal reasoning
  - × Learned morality

## The Heart

- + Emotions and physical sensations
  - × Moral intuitions

## The Community

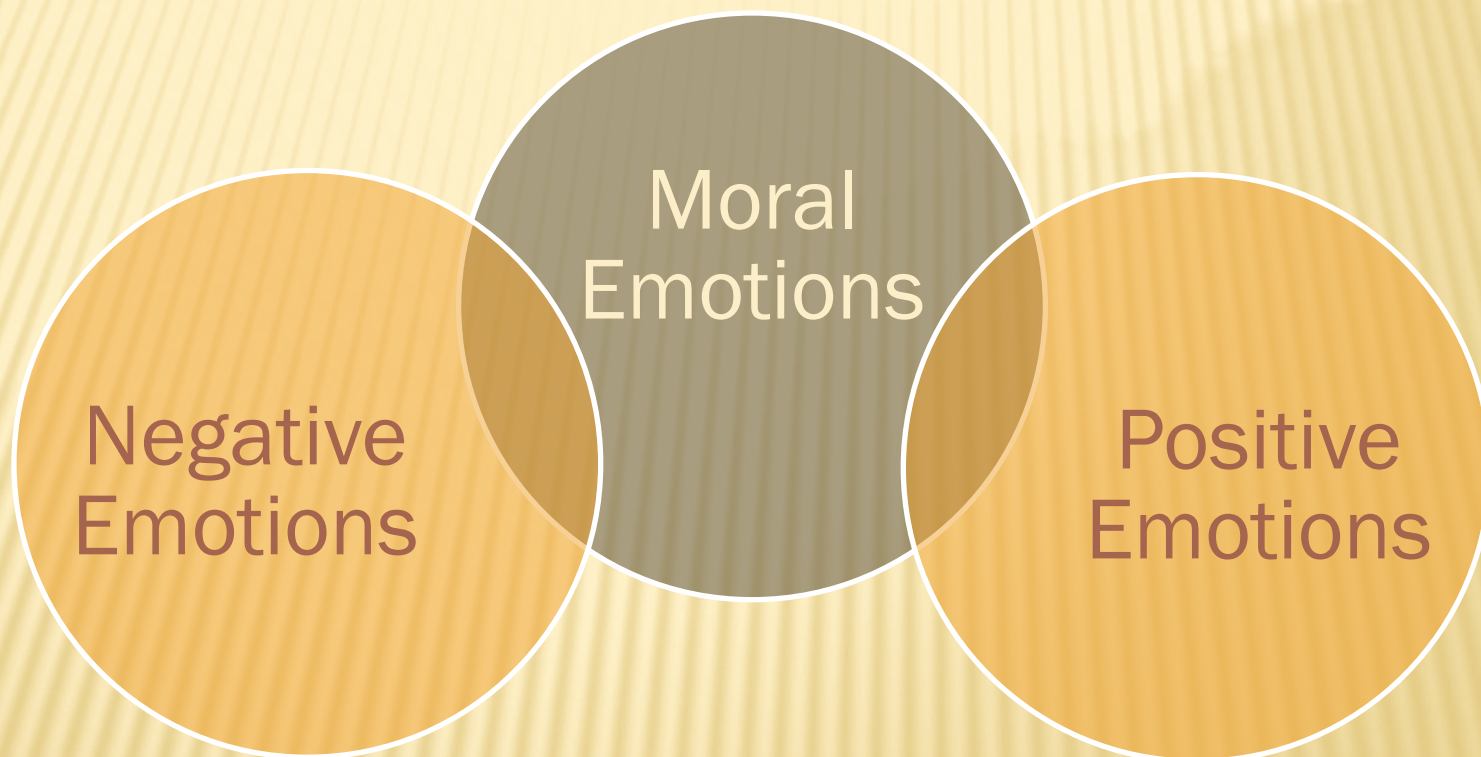
- + Relationships and group dynamics



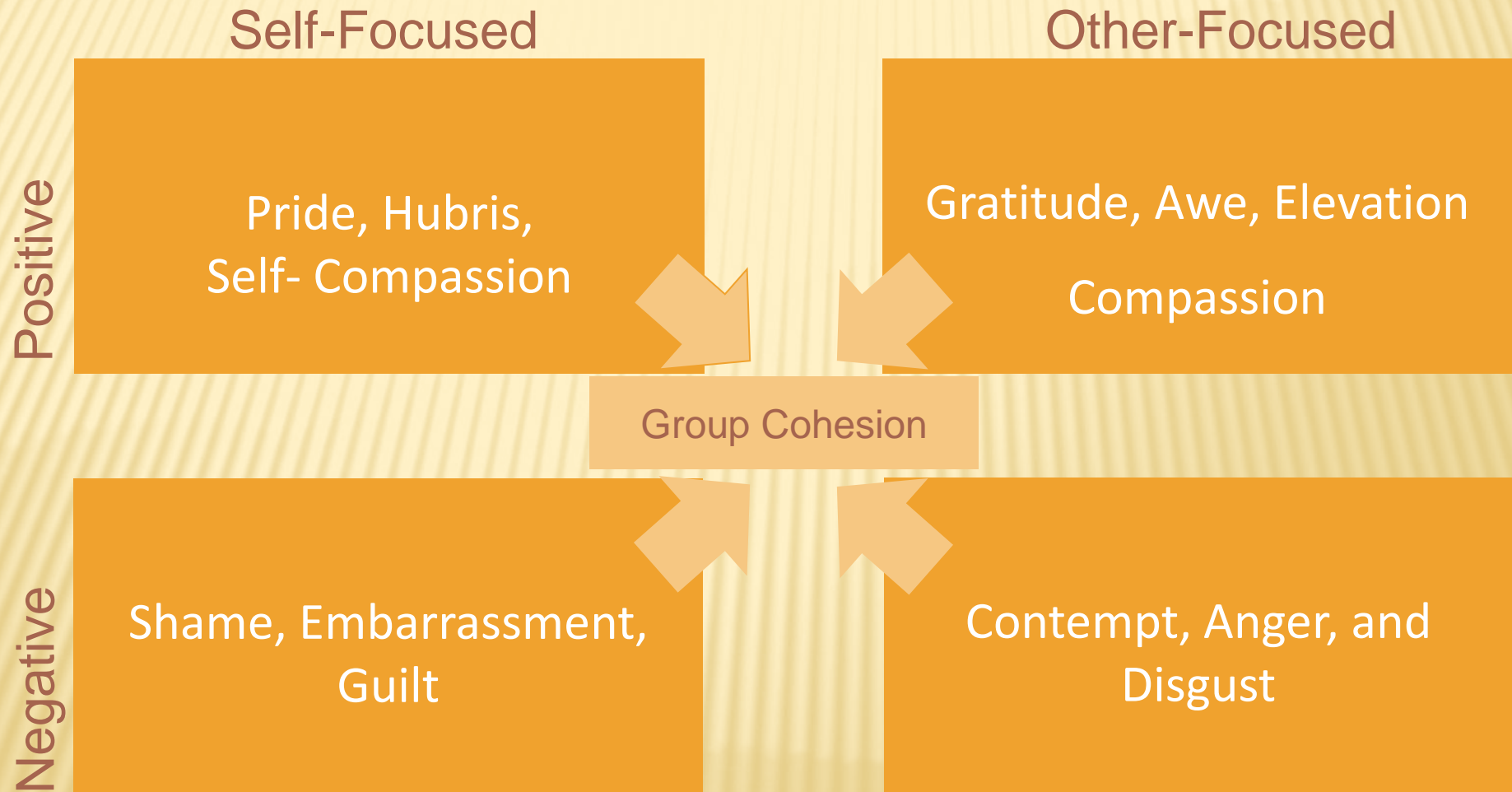




# EMOTIONAL ARRAY



# MORAL EMOTIONS



(Farnsworth et al., 2014)

# 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



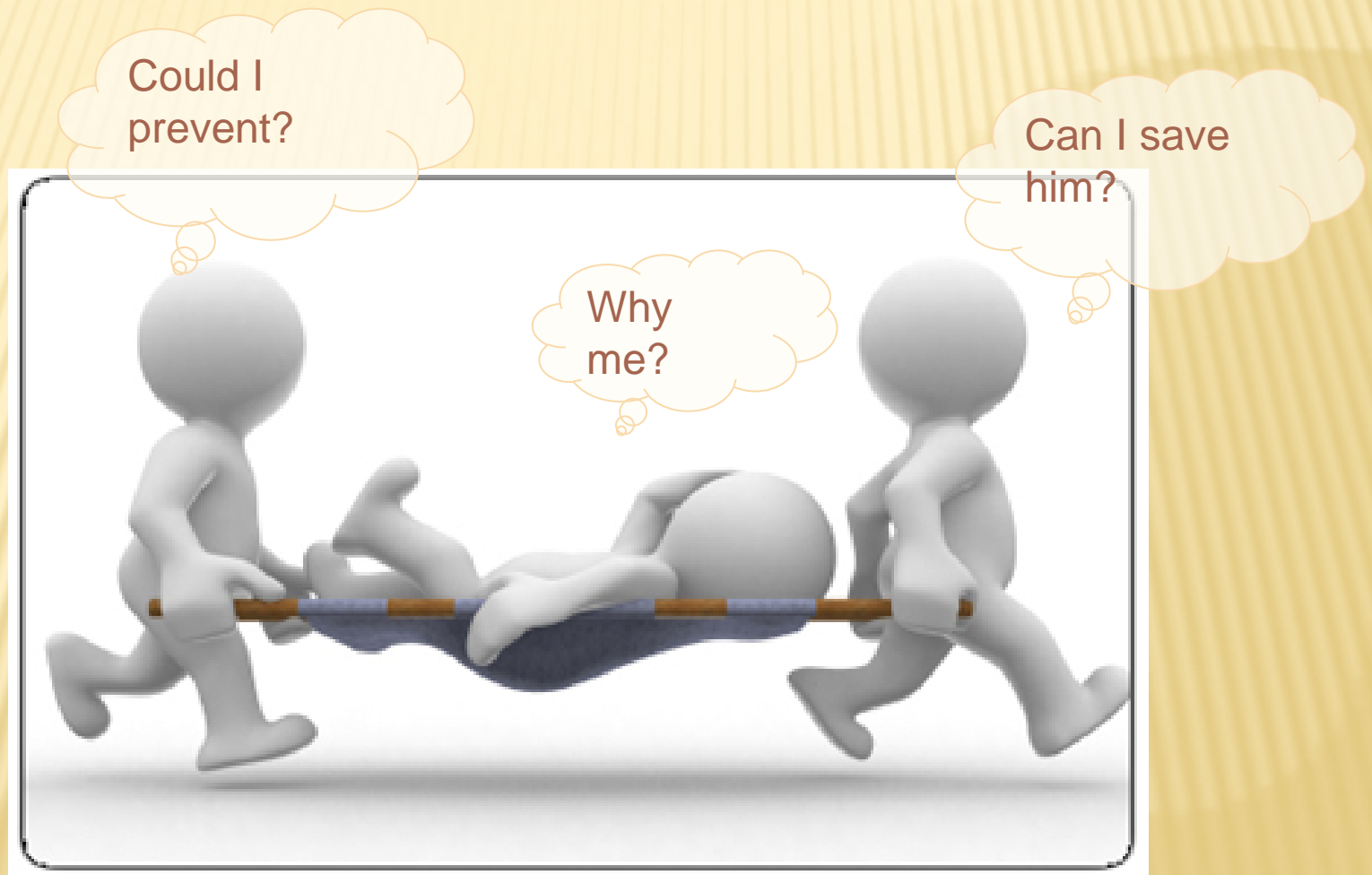
# THOUGHTS ABOUT TRAUMA

## ✘ 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

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## ✘ 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



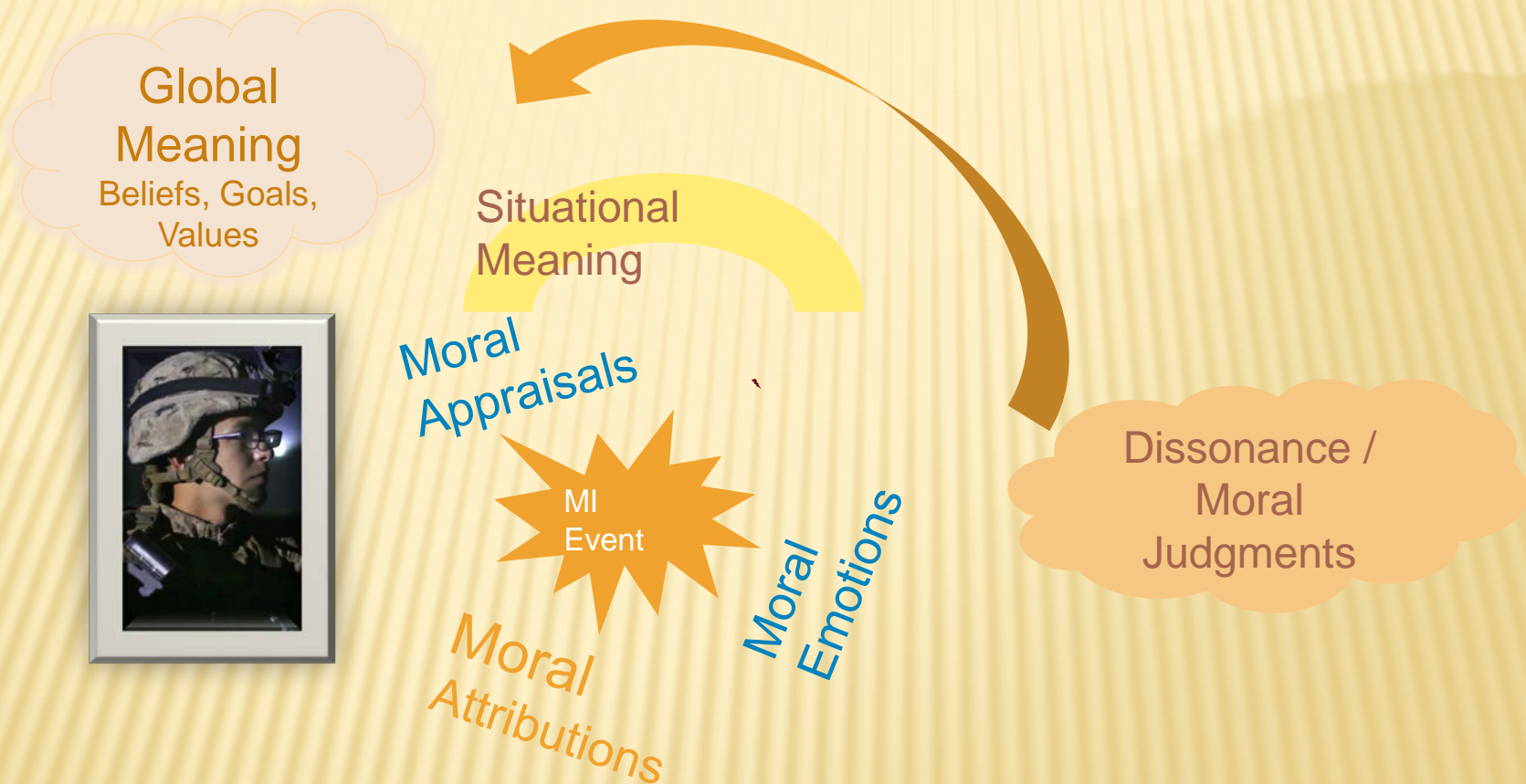
# SHATTERED MEANINGS

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## ✘ 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

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# SIGNS & SYMPTOMS

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- ✘ 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

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# HELPFUL PROVIDER CHARACTERISTICS

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- 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

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- ✘ 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

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- ✘ 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

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- **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

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