

# Moral Injury and Post Traumatic Stress Disorder in the 21<sup>st</sup> Century

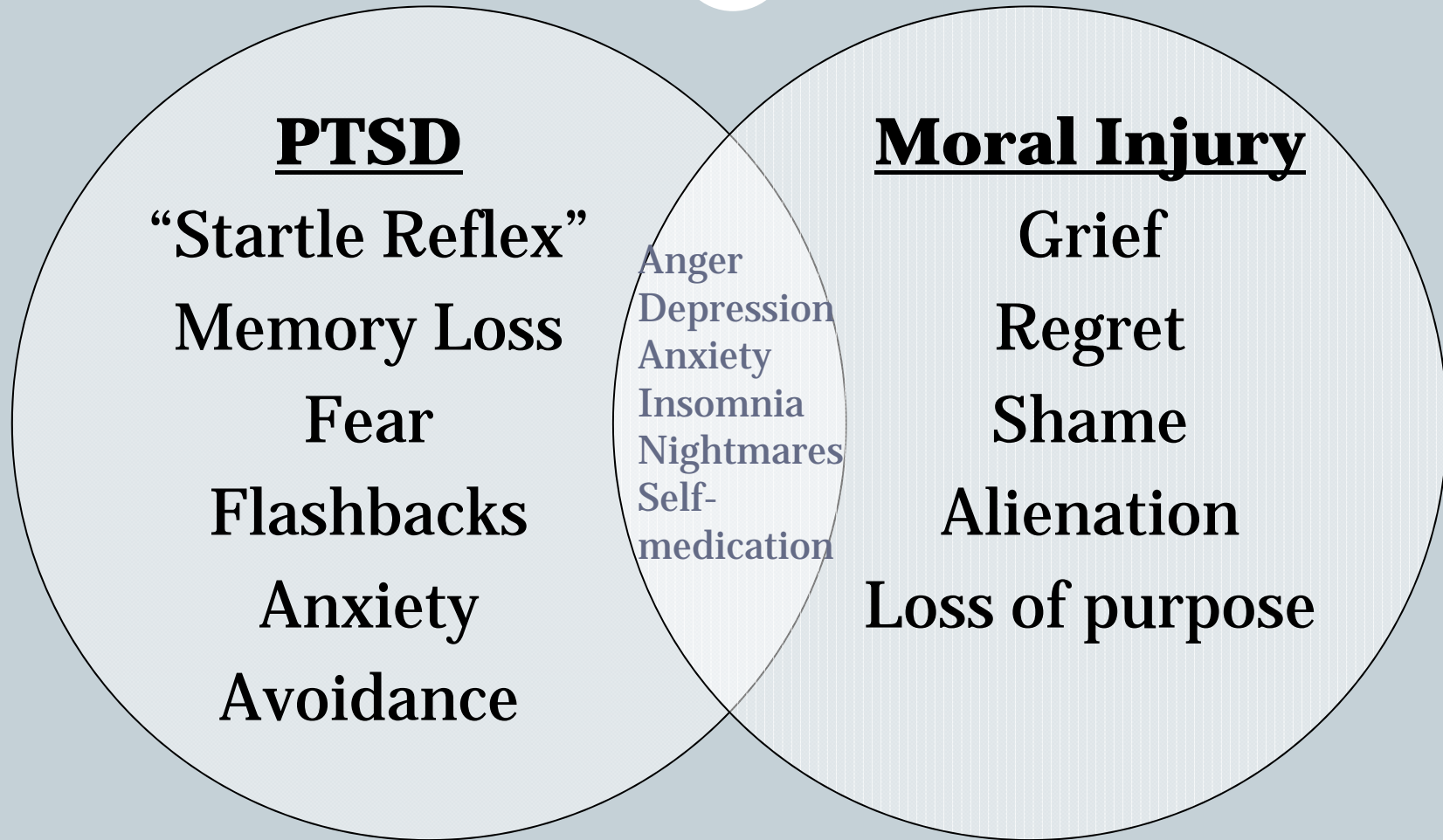


**TIMOTHY USSET  
J. IRENE HARRIS PH.D.  
MINNEAPOLIS VA HEALTH CARE SYSTEM**

# PTSD & Moral Injury/Existential Distress

	<b>PTSD</b>	<b>MORAL INJURY</b>
Triggering Event (A1 Criterion)	Actual or threatened death or serious injury	Acts that violate deeply held moral values
Individual's role at time of event	Victim or witness	Perpetrator, victim, or witness
Predominant painful emotion (A2)	Fear, horror, helplessness	Guilt, shame, anger
Re-experiencing (B Criteria)?	Yes	Yes
Avoidance or numbing (C Criteria)?	Yes	Yes
Physiological arousal level (D Criteria)? What necessity is lost?	Yes	No
CH (CPT) Joshua Morris	Safety	Trust

# PTSD & Moral Injury/Existential Distress



# Moral/Spiritual/Existential Distress



- Alienation from one's Higher Power
- Religious or existential guilt/shame (inappropriate)
  - Often attempts to blame self to create an illusion of control
- Withdrawal from family/community
- Difficulty forgiving self/others/Higher Power
- View of Higher Power or faith community as abandoning/punishing
- Loss of religious faith and purpose/meaning in life
- Internalizing vs Externalizing
- More severe psychological disorder symptom/duration
- Spiritual distress predicts PTSD symptoms (reverse not true)

# Making PTSD Treatment Accessible



- While highly effective, evidence-based treatments for PTSD are accessed by **only 11%**<sup>1,2</sup> of combat veterans, and of those, **almost half** drop out of treatment<sup>3-5</sup>.
- *Building Spiritual Strength* is a spiritually-integrated model for treating PTSD.

# Advantages of Spiritually Integrated Care



- Veterans prefer chaplains as providers<sup>6,7</sup>
- Non-stigmatizing setting
- Addresses *moral injury*<sup>8</sup>, a constellation of psychological symptoms associated with acting in or witnessing events that challenge deeply held moral principles.
- Spiritual support is related to a variety of positive outcomes (PTG, reduced substance use, higher well being, lower anxiety, lower divorce, lower rates of suicide, faster recovery from depression).
- Spiritual distress is related to negative outcomes.

# Current Interventions in VAMC



- **Building Spiritual Strength (BSS)**
  - Dr. J. Irene Harris
  - **Eight Sessions**
    - ✦ Spiritual Background
    - ✦ Prayer/Meditation Log
    - ✦ Theodicy (the meaning of evil)
    - ✦ Prayer/Mediation
    - ✦ Forgiveness and Conflict Resolutions
- **Theoretical Foundations**
  - ✦ Stages of Faith – James Fowler
  - ✦ Meaning Making/Narrative Therapy
  - ✦ PTSD Treatment
  - ✦ Neurobiology of Trauma

## Previous Pilot Study<sup>9</sup>



- 56 Veterans with PTSD randomized to BSS or a wait-list control group.
- Significant improvements in PTSD symptoms, depression symptoms, and positive religious coping as compared to the wait list.
- Data trend suggests BSS is more effective for minority veterans.
- Increased positive religious coping.



# Current Study



- Determine if BSS can be as effective as other treatments for PTSD
- Assess effects of BSS on moral injury.
- Larger sample size (goal is N=150, current data collection has over 100 randomized).
- Chaplains with mental health training as therapists.

## Preliminary Conclusions



- Based on the first 50 cases, BSS appears to be **as effective** as another standard group therapy for PTSD, but is substantially **more effective** in treating moral injury.
- These findings are preliminary; more reliable conclusions, especially about effects on PTSD symptoms, will be available after data from all 150 cases are collected.
- To date, this is the *only* clinical trial of a treatment for moral injury that documents reduction of moral distress.
- Qualitative observation; Veterans at higher levels of psychospiritual development appeared better able to resolve moral/spiritual distress.

# Implications for Clinicians



- **Why is it important to include Moral Injury in mental health treatment?**
  - Inappropriate Guilt/Shame
  - Spiritual Background
  - Spiritual Language
  - Risk Factors
- **Consultation**
  - [timothy.usset@va.gov](mailto:timothy.usset@va.gov)
  - [Jeanette.harris2@va.gov](mailto:Jeanette.harris2@va.gov)

# References



1. Mott, J.M., Mondragon, S., Hundt, N., Beason-Smith, M. Grady, R.H. & Teng, E.J. (2014). Characteristics of veterans who initiate and complete Cognitive Processing therapy and Prolonged Exposure for PTSD. *Journal of Traumatic Stress, 27*, 265—273.
2. Shiner, B., D’Avelio, L.W., Nguyen, T.M., Zayed, M.H., Yong-Xu, Y., Desai, R.A., Schnurr, P.P., Fiore, LD. & Watts, B.V. (2012). Measuring use of evidence based psychotherapy for posttraumatic stress disorder. *Administration and Policy in Mental Health and Mental Health Services Research, 40*, 311-318.
3. Schnurr, P.P., Friedman, M.F., Engel, C.C., Foa, E.B., Shea, M.T., Chow, B.K., Resick P.A., Thurston V., Orsillo S.M., Haug, R., turner, C., & Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: a randomized controlled trial. *JAMA, 297*, 82—30.
4. Kehle-Forbes, S.M., Meis, L.A., Polusny, M.A. (2014). Treatment initiation and dropout from Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic
5. Suris, A., Link-Malcolm, J., Chard, K., Ahn, C. & North, C. (2013). A randomized clinical trial of Cognitive Processing Therapy for Veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress, 26*, 1-10.
6. Tanielian, T.R. & Jaycox, L.H. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. RAND Corporation, Santa Monica, CA.
7. Visco, R. (2009). Postdeployment self-reporting of mental health problems and barriers to care. *Perspectives in Psychiatric Care, 45*, 240-253.
8. Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C. & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology review, 29*, 695-706.
9. Harris, J.I., Erbes., C.R., Engdahl., B.E., Thuras, P., Murray-Swank, N, Grace, D., Ogden, H., Olson, R.H.A., Winskowski, A.M., Bacon, R., Malec, C., Campion, K., & Le, TuVan (2011). The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma. *Journal of Clinical Psychology, 67*, 1-14.
10. Chaplain (CPT) Joshua Morriis