Moral Injury and Post Traumatic Stress Disorder in the 21st Century

TIMOTHY USSET
J. IRENE HARRIS PH.D.
MINNEAPOLIS VA HEALTH CARE SYSTEM
**PTSD & Moral Injury/Existential Distress**

<table>
<thead>
<tr>
<th></th>
<th>PTSD</th>
<th>MORAL INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triggering Event (A1 Criterion)</strong></td>
<td>Actual or threatened death or serious injury</td>
<td>Acts that violate deeply held moral values</td>
</tr>
<tr>
<td><strong>Individual’s role at time of event</strong></td>
<td>Victim or witness</td>
<td>Perpetrator, victim, or witness</td>
</tr>
<tr>
<td><strong>Predominant painful emotion (A2)</strong></td>
<td>Fear, horror, helplessness</td>
<td>Guilt, shame, anger</td>
</tr>
<tr>
<td><strong>Re-experiencing (B Criteria)?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Avoidance or numbing (C Criteria)?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physiological arousal level (D Criteria)? What necessity is lost?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
<td>Trust</td>
</tr>
</tbody>
</table>
PTSD & Moral Injury/Existential Distress

PTSD
“Startle Reflex”
Memory Loss
Fear
Flashbacks
Anxiety
Avoidance

Moral Injury
Grief
Regret
Shame
Alienation
Loss of purpose

Anger
Depression
Anxiety
Insomnia
Nightmares
Self-medication

(CPT) Joshua Morris
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%\textsuperscript{1,2} of combat veterans, and of those, almost half drop out of treatment\textsuperscript{3-5}.

• *Building Spiritual Strength* is a spiritually-integrated model for treating PTSD.
Advantages of Spiritually Integrated Care

- Veterans prefer chaplains as providers\textsuperscript{6,7}
- Non-stigmatizing setting
- Addresses *moral injury*\textsuperscript{8}, 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

- 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
  - Jeanette.harris2@va.gov
References


10. Chaplain (CPT) Joshua Morriis