

Moral Injury in Service Members



Disclaimer

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Learning Objectives

- Specify the critical components of a comprehensive definition of moral injury
- Discriminate between characteristics of moral injury and other mental health problems
- Identify strategies for the assessment and treatment of moral injury





Is Moral Injury New?

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**When the Hardest Thing is Doing Nothing:
Moral Injury Caused by Inaction**

One morning I stood guard at the edge of our camp in Kunar, Province, Afghanistan. Scanning the area below my position I noticed a boy about seven years old and a young man, maybe seventeen or eighteen, walking by a nearby house. My instincts told me something was wrong so I raised my rifle to study them through my scope. I noticed the little boy had bare feet, I'll never forget that. It was morning still, but the heat was rising, the humidity stuck to my skin.

I watched the young man lead the boy to a set of steps outside the house. I couldn't tell at first why or what was happening, my mind suspended in disbelief, but soon I realized the young man was raping the seven-year-old boy. I dropped my rifle to my side, my heart racing—confused, disgusted, and torn. But suddenly I raised it again, my index finger quivering on the trigger. I exhaled, focusing on the target like we were taught to do.

I don't know how long I stood there, locked on his chest with my rifle, contemplating taking a young man's life. I wanted to kill him. But I thought—What if they're brothers? What will the blowback be? Will I go to prison? Those questions lingered for what seemed like hours. A sickening feeling rose from somewhere deep in my stomach, up into my throat and rested there. The knot would stay for days, weeks, months, years. I didn't shoot the man, really a boy himself, but neither did I shout or scream. I did nothing.

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Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting comrades in arms	Loyalty	Survivor guilt and complicated bereavement after loss of friends
Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging significant symptoms, and suffering after returning home
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	Excellence	Feeling ashamed of (denial or minimization) imperfections

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The Warrior Ethos: A Double Edged Sword

"Most people enter military service with the fundamental sense that they are good people and that they are doing this for good purposes..."

But things happen in war that are irreconcilable with the idea of goodness and benevolence, creating real cognitive dissonance. I'm a good person and yet I've done bad things." Dr. Wayne Jonas

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Wood (2014)

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WHAT IS MORAL INJURY?

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Betrayal by someone who holds authority in a high stakes situation
(Shay, 2014)

An act or inaction that transgresses or violates deeply held beliefs or expectations and leads to dissonance (Litz et al, 2009)

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Moral Injury: A Trauma Syndrome?

- Represents a particular trauma syndrome
 - Develops after perceived violations of beliefs by self or trusted others that lead to moral dissonance
 - Core symptoms include guilt, shame, spiritual conflict or loss of trust
 - Secondary symptoms include depression, anxiety, anger, self harm or social problems
- To be identified, individual must show
 - History of exposure to a morally injurious event(s)
 - Guilt and at least 2 additional symptoms (core or secondary)

Jinkerson (2016)



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Nash's Definition of Moral Injury

- Damage to the whole person that can break their integrity, core self or even personality
- Caused by a violent or consuming contradiction of deeply held moral expectations
- Can occur
 - as a perpetrator, recipient or witness
 - on a continuum (mild to severe)

Nash (2017)



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Case of Alex Horton

Mild moral injury

- Army infantryman in Iraq was on a patrol when the vehicle ahead of his ran over IED.
- Explosion knocked that vehicle on its side and everyone was injured.
- Alex's unit took positions to secure the area until the wounded could be evacuated.
- They shot numerous times to suppress anyone who was moving.
- Alex shot an Iraqi man twice in the abdomen. Lasting only a few seconds, he saw him struggle, then fall out of sight. He was unsure if he lived.
- "That's not how good people act, but I did it because I had to."
- Other incidents like this "gnaw" at Alex.
- He functions well but lives with a "humming" sense of self doubt and self criticism.

Traub (2015)



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Case of Noah Pierce


Army infantryman diagnosed with PTSD once home.

Noah ran over Iraqi child when deployed. Afterwards he wrote, "I feel really bad but I thought he would get out of my way."

Later in the deployment, he shot the driver of a car that failed to slow at a checkpoint, then learned the man was a doctor not an insurgent.

- He wrote a note to the doctor begging for forgiveness: "I'm sorry, I'm sorry. Can you ever forgive me?"
- In another incident, he implies shooting an Iraqi soldier at point-blank range and expressing deep regret about this murder. He wrote to his parents: "Say you shoot out of instinct like hunting... Then after you realize what you did. Is that considered murder?"
- Back home, he completed suicide by a gun shot to the head after drinking and stabbing his photo IDs.
- He wrote in his suicide note: "Time's finally up...I'm not a good person. I have done bad things. I have taken lives, now it's time to take mine."

Severe moral injury



Examples of Potential Morally Conflicting Events

- Acts of violence or cruelty including killing civilians
- Witnessing inhumane acts
- Exposure to human remains and dead bodies
- Seeing sick or injured women and children and being unable to help
- Leadership failures and betrayals







Examples of Potential Morally Conflicting Events


- Failing to protect a comrade from harm including a sexual assault
- Unintentional errors that have bad results
- Surviving when a comrade is killed
- Carrying out drone strikes

What are other examples?

Exposure to a morally conflicting event does not equal moral injury.







Mark Photo, U.S. Marine Corps, Veteran in "Visions of Warriors" (2017)

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Mental Health Consequences

- Loss of trust, shame, guilt, spiritual issues, self-deprecation and other social and psychological symptoms
- Suicide, interpersonal violence, crime, and incarceration
- Self-harming or self-handicapping behaviors, demoralization, self-loathing, hopelessness, and alienation
- Enduring changes in beliefs about oneself and others

Vogel (2013); Shay (2014); Litz et al (2008)

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Suicide Attempts and Moral Injury

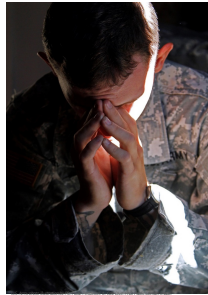
- Researchers studied 151 AD Service Members
- Service Members with history of suicide attempts reported higher levels of moral injury related to 2 types of circumstances
 - Witnessing others make transgressions
 - Making transgressions oneself

Bryan et al (2014)

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Psychosocial-Spiritual Consequences

- Loss of faith
- Negative religious coping
- Lack of forgiveness
- Guilt



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Foy & Drescher (2015)

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Limitations of Research on Moral Injury

"Research on transgressive acts and moral injury is complicated by lack of conceptual clarity regarding definitions, causes, mechanisms, and outcomes."

Frankfort & Proctor (2018)

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INQUIRING ABOUT AND IDENTIFYING MORAL INJURY

- *Assessing moral injury separately can help providers develop a more comprehensive clinical picture and appropriate treatment plan*

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Challenges

- We think moral injury isn't our expertise and refer clients to spiritual counselors/chaplains
- We don't want to hear about war atrocities and signal we can't handle them.
- We're concerned we may have to report something.
- We think asking about moral injury will interfere with the therapeutic alliance.
- Clients don't disclose because they feel uncomfortable or ashamed.



Litz et al (2008)



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Co-Occurring Problems



Drescher (2013)



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Case – Sergeant First Class Marshall Powell

- Soldier working as a nurse.
- After a bombing in Iraq, he was responsible for helping wounded Iraqis at the hospital in an area where few would survive.
- He saw a small girl in pain who reminded him of his niece.
- Her chest was blown apart, she was suffering horribly.
- He pushed dose after dose of painkillers into her IV to alleviate her suffering.
- She smiled at him, and he smiled back. She took her last gasp of air and then died.
- He is haunted by this incident, blaming himself for her death.

Watson (2013)



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This Army Veteran is seeking mental health care from you...

*Is he struggling with moral injury?
How would you know?
What assessments would you use?
What questions would you ask?*



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Question

Are there screens or measures to assess for moral injury?

Yes

No



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Moral Injury Event Scale (MIES)

- 9 items
- Respond (1) strongly disagree to (6) strongly agree
- Has 2 subscales: 1) perceived transgressions by oneself and 2) perceived betrayals by others
- Higher scores suggest experiencing greater intensity of morally conflicting events.



Nash et al (2013)

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Moral Injury Event Scale (MIES)

I saw things that were morally wrong.

I violated my own morals by failing to do something I felt I should have.

I feel betrayed by leaders who I once trusted.

Nash et al (2013)



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Moral Injury Questionnaire-Military Version (MIQ-M)

- 19 items
- Respond 1 (never) to (4) often
- Higher scores suggest greater exposure to possible morally challenging events.

Currier et al (2013)



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Moral Injury Questionnaire Military Version (MIQ-M)

I did things in the war that betrayed my personal values.

Seeing so much death has changed me.

I made mistakes in the warzone that led to injury or death.

Currier et al (2013)



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Moral Injury Symptom Scale-Military Version Short Form (MISS-M-SF)

- 10 items
- Respond (1) strongly disagree to (10) strongly agree
- Higher scores suggest more symptoms of moral injury including psychological and spiritual/religious ones
- Needs to be validated further

Koenig et al. (2018)



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Moral Injury Symptom Scale-Military Version-Short Form (MISS-M-SF)

I feel betrayed by leaders who I once trusted.

I feel ashamed about what I did or did not do during this time.

I feel guilt over failing to save the life of someone in war.

Koenig et al. (2018)



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Use Caution with Existing Moral Injury Measures

- Measures that assess acts of transgression (**moral injurious events**) and their consequences (**moral injury**) together may confound cause with effect or suggest associations that don't exist.
- Assessing clients' exposure to transgressive acts is **distinct** from assessing consequences of those acts.
- Consider separately assessing: 1) witnessing transgressions; 2) committing transgressions and 3) betrayals.

Frankfort & Frayne (2016)



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Moral Injury Questions

- When I talk to other Service Members, they often describe losses they experienced while deployed. Did you experience similar losses?
- Do you have nagging thoughts or regrets about your deployment or joining the military that you can't seem to shake off?
- Have you begun to rethink your beliefs about spirituality, faith or religion since returning from deployment?

CDP Faculty (2015)



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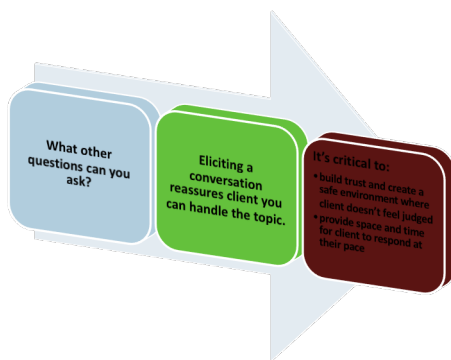
Moral Injury Questions

- Have you been questioning decisions or events that happened in theater?
- Are there aspects of your military experience that are difficult or troubling for you to share with others?
- Often Service Members report that things happened while they were deployed that don't match up or fit with their beliefs or values. Did you have experiences like that?
- Some Service Members describe feeling a sense of blame, guilt or shame over something they did or didn't do while they were in combat. Can you relate to this?

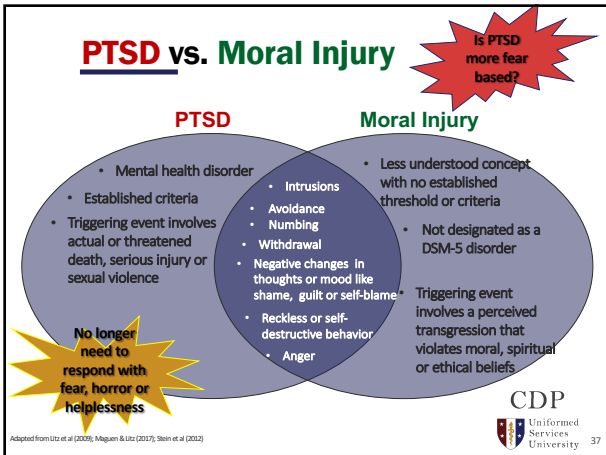
CDP Faculty (2015)



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Getting It Right

"Once the concept of moral injury was described to me, I realized it's what's been my problem all along. It helped explain 'me' to me and why I never wanted to talk about what I experienced."



A Vietnam Veteran





TREATING MORAL INJURY



First Line Evidence-Based Psychotherapies (EBPs) for PTSD

- Individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring including
 - ✓ Prolonged Exposure Therapy (PE)
 - ✓ Cognitive Processing Therapy (CPT)
 - ✓ Eye Movement Desensitization Reprocessing (EMDR)






Management of Post-Traumatic Stress Working Group. VA/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress (2017)

Addressing Moral Injury with CPT

CPT: Encourages clients to examine trauma-related beliefs including shame, guilt and culpability where there may be cognitive errors.

- Cognitive therapy techniques are used to help clients develop more realistic and adaptive beliefs related to moral injury.



Neuhaus et al (2015)

Addressing Moral Injury with PE

PE: Encourages clients to face trauma-related triggers and engage in those situations and memories.

- Through repeated exposures, clients learn that trauma reminders and memories aren't dangerous and that they can cope. Their distress also decreases. As a result, they process the memory and modify cognitions including those related to moral injury.

Neuwers et al (2015)



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Processing

- Both CPT and PE help clients process their trauma memories so they can move forward.
- Clients incorporate new or corrective information about the "world" and "self" that may be applied to moral injury or some aspects of it.



Neuwers et al (2015)



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Do EBPs Work for Moral Injury?

- EBPs for PTSD target fear-based memories and beliefs
- They may not sufficiently address moral injury, especially if it relates to killing-based transgressions



Maguire & Litz (2017); Litz et al (2016); Stein et al (2012); Gray et al (2017)



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Other Interventions for Moral Injury



Adaptive Disclosure
Impact of Killing in War (IOK)
Acceptance and Commitment Therapy (ACT)
Spiritually-Integrated Approaches



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Adaptive Disclosure

- 8 sessions using modified exposure techniques.
- Exposure used to flesh out key aspects of combat trauma and meaning.
- If target trauma is based on life threat or fear, only use exposure.
- If target trauma is based on moral injury, client has imaginary conversation with a compassionate moral authority figure or person imagined to have confessed what client has done.
- If target trauma is based on grief or loss, client has an imaginary conversation with lost person.

Adaptive Disclosure: A New Treatment for Military Trauma, Loss & Moral Injury

Gray et al (2012), Steenkamp et al (2013), Gray et al (2015)



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Adaptive Disclosure Study

- 44 AD Marines and Navy Corpsmen who had deployed to Iraq and Afghanistan and seeking treatment for PTSD
- Significant improvement in
 - PTSD symptoms
 - Depressive symptoms
 - Posttraumatic cognitions
- Large effect sizes for PTSD, depression, and posttraumatic cognitions
- Increase in posttraumatic growth
- The intervention helped address moral injury and loss when these were contributing to the patient's PTSD symptoms.

Gray et al (2012), Steenkamp et al (2013)



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Impact of Killing in War (IOK)

- Adjunct CBT treatment for psychological impact of killing in war
- 6 to 8 sessions
- Used after trauma-focused EBP
- Incorporates self-forgiveness, gestalt, existential and relational theories
- Addresses cognitions about killing and the meaning of it



Maguen et al (2017)



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RCT on Impact of Killing (IOK) Treatment

- 33 combat veterans with PTSD who had completed trauma-focused EBP
 - Distress over killing or feeling responsible for the deaths of others in war
- Randomized to either
 - 6 to 8 weekly *Impact of Killing (IOK)* sessions (N = 17)
 - 6-week waitlist condition after which they would receive IOK (N = 16)
- Hypothesized PTSD, general psychiatric symptoms and interpersonal functioning would improve more in those who received IOK treatment

Maguen et al (2017)



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Results

Cognitive

- Decreased thoughts about deserving to suffer due to act of killing
- Improved cognitions about ability to be close to others
- More self-acceptance
- More understanding of self-forgiveness

Psychological & Interpersonal

- Decreased PTSD and general psychiatric symptoms (e.g., depression, anxiety, OCD)
- Increased participation in community events
- Greater confiding of personal thoughts and feelings to others

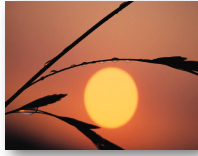
**PAIRING MORAL INJURY INTERVENTIONS LIKE IOK
WITH PTSD TREATMENT MAY IMPROVE HEALING**

Maguen et al (2017)



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Acceptance and Commitment Therapy (ACT)



- No randomized control trials on ACT for treating moral injury but shows good potential as a promising adjunct treatment
- Goal is not to eliminate suffering or prevent clients from experiencing distress related to moral injury
- Instead, target experiential avoidance by encouraging clients to open up to feelings (e.g., shame and guilt) and learn what values have been violated
- Help clients move forward and pursue cherished values despite pain

Neuhaus et al (2015)



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Spiritually-Integrated Support



- War experiences may stir questioning about faith or a higher power
- Moral injury can be an internal battle of spiritual soul-searching
- Bridge gap between mental health and spiritual care to facilitate "soul repair" and provide culturally competent care
 - Incorporate spiritual and religious beliefs and practices with mental health interventions
 - Bear witness to client's morally-conflicting experiences and journey of healing
 - Example: Spiritually Integrated CPT (SICPT)

Drescher et al (2013); Brock & Luten (2012); Pearce et al (2018)



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**Army Veteran
Marshall
Powell**

He is seeking therapy from you and has been identified as struggling with both moral injury and PTSD...

What treatment or therapy approach would you use?



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What Actually Happened?

- Treated at the Navy Medical Center in San Diego in the residential program, *Overcoming Adversity and Stress Injury Support (OASIS)*
- Received individual counseling and sleep therapy for PTSD
- Participated in a 10-week *Adaptive Disclosure Group* for moral injury
 - Wrote about the target event
 - Later read his story aloud to the group
 - Wrote a letter of reconciliation to the girl's parents as a means toward self-forgiveness

Watson (2015)



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Summary: Treatment Considerations

- What was the triggering event?
- What was the client's role at the time of the event?
- What are the predominant painful emotions?
- What thoughts and beliefs were shaken?
- What unhealthy behaviors developed?
- How have relationships and social interactions been impacted?
- What was lost?
- What is needed?
- Are there co-occurring problems?

Cited in Nash (2017) as Nash et al., 2011; Pirmann et al., 2009; Uzi et al., 2009



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Beliefs	Thoughts	Emotions
Harm to innocent people	<ul style="list-style-type: none"> • I'm evil. • I'm an awful human being. • I can't even trust myself. 	Guilt, self-loathing, remorse
Failing others/the unit	<ul style="list-style-type: none"> • I'm a coward. • I should have done more. • It's my fault. 	Shame, embarrassment, self-blame
Leadership betrayal	<ul style="list-style-type: none"> • Nobody can be trusted. • My leadership didn't have my back. • The military broke its promise. 	Contempt, outrage, powerlessness
Unfairness/injustice	<ul style="list-style-type: none"> • Everything the military taught me was a lie. • It doesn't matter how hard I try. • Bad things shouldn't happen to good people. 	Disgust, anger, disillusionment

Adapted from Drescher (2013)

Future Directions

- Clearer defined concept
- More research
- Greater awareness and education
- Integrated and holistic approach
- Increased community support



Sherman (2013); Wood (2016); Shay (2014); Nash (2007)



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CDP Website: deploymentpsych.org

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



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Online Learning

<http://www.deploymentpsych.org/content/online-courses>

NOTE: All of these courses can be taken for free, or for CE Credits for a fee

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE)
- Military Cultural Competence (1.25 CE)
- The Impact of Deployment and Combat Stress on Families and Children, Pt 1 (2.25 CE)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE)
- Depression in Service Members and Veterans (1.25 CE)

All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for \$350.



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Moral Injury Symptom Scale – Military Version Short Form¹

Instructions: Please circle the number that most accurately indicates how you are feeling now:

1. I feel betrayed by leaders who I once trusted.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

2. I feel guilt over failing to save the life of someone in war.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

3. I feel ashamed about what I did or did not do during this time.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

4. I am troubled by having acted in ways that violated my own morals or values.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

5. Most people are trustworthy.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

6. I have a good sense of what makes my life meaningful.

1	2	3	4	5	6	7	8	9	10
Absolutely untrue	Mostly untrue		Somewhat untrue	Can't say true or false		Somewhat true	Mostly true		Absolutely true

7. I have forgiven myself for what happened to me or others during combat.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

8. All in all, I am inclined to feel that I am a failure.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

9. I wondered what I did for God to punish me.

1	2	3	4	5	6	7	8	9	10
A great deal (very true)		Quite a bit				Somewhat			Not at all (very untrue)

10. Compared to when you first went into the military has your religious faith since then...

1	2	3	4	5	6	7	8	9	10
Weakened a lot		Weakened a little			Strengthened a little				Strengthened a lot

Scoring: Reverse score items 5, 6, 7, 9, and 10, and then sum all items to produce a total score indicating moral injury severity (possible range 10-100)

¹ Koenig, H.G., Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O'Garro K. Pearce MJ (2018). Screening for Moral Injury – The Moral Injury Symptom Scale – Military Version Short Form. *Military Medicine*, <https://doi.org/10.1093/milmed/usy017>. Contact: Harold.Koenig@duke.edu

MIQ-Military Version

Considering your active duty service during warzone deployment, mark the box that indicates how frequently you experienced the following:

Response:	(1) Never	(2) Seldom	(3) Sometimes	(4) Often
1. Things I saw/experienced in the war left me feeling betrayed or let-down by military/political leaders				
2. I did things in the war that betrayed my personal values				
3. There were times in the war that I saw/engaged in revenge/retribution for things that happened.				
4. I had an encounter(s) with the enemy that made him/her seem more “human” and made my job more difficult				
5. I saw/was involved in violations of rules of engagement				
6. I saw/was involved in the death(s) of an innocent in the war				
7. I feel guilt over failing to save the life of someone in the war				
8. I had to make decisions in the war at times when I didn’t know the right thing to do				
9. I feel guilt for surviving when others didn’t				
10. I saw/was involved in violence that was out of proportion to the event				
11. I saw/was involved in the death(s) of children				
12. I experienced tragic warzone events that were chaotic and beyond my control				
13. I sometimes treated civilians more harshly than was necessary				
14. I felt betrayed or let-down by trusted civilians during the war				
15. I saw/was involved in a “friendly-fire” incident				
16. I destroyed civilian property unnecessarily during the war				
17. Seeing so much death has changed me				
18. I made mistakes in the warzone that led to injury or death				
19. I came to realize during the war that I enjoyed violence				

MIES

Instructions: Please circle a number to indicate how much you agree or disagree with each of the following statements about your experiences at any time since joining the military.

		<u>Strongly Disagree</u>	<u>Moderately Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Moderately Agree</u>	<u>Strongly Agree</u>
1.	I saw things that were morally wrong.	1	2	3	4	5	6
2.	I am troubled by having witnessed others' immoral acts.	1	2	3	4	5	6
3.	I acted in ways that violated my own moral code or values.	1	2	3	4	5	6
4.	I am troubled by having acted in ways that violated my own morals or values.	1	2	3	4	5	6
5.	I violated my own morals by failing to do something that I felt I should have done.	1	2	3	4	5	6
6.	I am troubled because I violated my morals by failing to do something I felt I should have done.	1	2	3	4	5	6
7.	I feel betrayed by leaders who I once trusted.	1	2	3	4	5	6
8.	I feel betrayed by fellow service members who I once trusted.	1	2	3	4	5	6
9.	I feel betrayed by others outside the U.S. military who I once trusted.	1	2	3	4	5	6

Source: William P. Nash, Brett T. Litz. Public domain. william.nash@opstress.net

Reference: Nash, W.P., Carper, T. L. M., Mills, M. A., Au, T., Goldsmith, A., Litz, B.T. (2013). Psychometric evaluation of the Moral Injury Events Scale. *Military Medicine*, 178, 646-652.

IDENTIFYING POTENTIAL MORAL INJURY ISSUES

Questions to Ask Service Members

- When I talk to other Service Members, they often describe losses they experienced while deployed. Did you experience similar losses?
- Do you have nagging thoughts or regrets about your deployment or joining the military that you can't seem to shake off?
- Have you begun to rethink your beliefs about spirituality, faith or religion since returning from deployment?
- Have you been questioning decisions or events that happened in theater?
- Are there aspects of your military experience that are difficult or troubling for you to share with others?
- Often Service Members report that things happened while they were deployed that don't match or fit with their beliefs or values. Did you have experiences like that?
- Some Service Members describe feeling a sense of blame, guilt or shame over something they did or didn't do while they were in combat. Can you relate to this?

Moral Injury in Service Members References

- Bica, C. A. (1999). A therapeutic application of philosophy- The moral casualties of war: Understanding the experience. *The International Journal of Applied Philosophy*, 13(1). Retrieved from <http://www.svaphilosopher.com/Vietnam/TherapeuticApplication.html>.
- Brock, R. N. & Lettini, G. (2012). *Soul repair: Recovering from moral injury after war*. Boston: Beacon Press.
- Bryan, A. O., Bryan, C., Morrow, C.E., Etienne, N., & Ray-Sannerud, B. (2014) Moral injury, suicidal ideation and suicide attempts in a military sample. *Traumatology*, 20(3), 154-160.
- Bryan, A. O., Theriault, J. L., & Bryan, C. J. (2015). Self-forgiveness, posttraumatic stress, and suicide attempts among military personnel and veterans. *Traumatology*. <http://dx.doi.org/10.1037/trm0000017>
- Center for Deployment Psychology Faculty (2015).
- Currier, J. M., Holland, J. M., Drescher, K. & Foy, D. (2013). Initial psychometric evaluation of the Moral Injury Questionnaire-Military Version. *Clinical Psychology and Psychotherapy*. doi: 10.1002/cpp.1866
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17(1), 8-13.
- Drescher, K. D., Nieuwsma, J. A. & Swales, P. J. (2013). Morality and moral injury: Insights from theology and health science. *Reflective Practice: Formation and Supervision in Ministry*, 33, 50-61.
- Drescher, K. (2015, August 26). *Moral Injury and Clergy*. [Webinar]. In U.S. Department of Veterans Affairs Community Clergy Training Program Webinar Series. Retrieved from: <https://www.patientcare.va.gov/chaplain/clergytraining/webinars/moral-injury.asp>
- Foy, D.W. & Drescher, K.D. (2015). Faith and honor in trauma treatment for military personnel and their families. *Spiritually Oriented Psychotherapy for Trauma*. <http://dx.doi.org/10.1037/14500-012>.
- Frankfurt, S. & Frazier, P. (2016). A review of research on moral injury in combat veterans. *Military Psychology*. <http://dx.doi.org/10.1037/mil0000132>.
- Gray, M. J., Nash, W., & Litz, B. T. (2017). When self-blame is rational and appropriate: The limited utility of socratic questioning in the context of moral injury: Commentary on

- Wachen et al (2016). *Cognitive and Behavioral Practice*. Advance online publication. doi: 10.1016/j.cbpra.2017.03.001.
- Gray, M. J., Schorr, Y., Nash, W., Lebowirtz, L., Amidon, A., Lansing, A., Maglione, M., Lang, A. J., & Litz, B. T. (2012). Adaptive Disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior Therapy*, 431(1), 13-22.
- Hammer, Paul S. (2010). Navy Operational Stress Control [PowerPoint slides]. Retrieved from <http://www.med.navy.mil/Documents/2011> Navy Med Leadership Training Symposium 6 – PART I WII OSC.pptx.
- Jinkerson, J. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology*, 22(2), 122-130.
- Koenig, H., Ames, D., Youssef, N., Oliver, J., Volk, F., Teng, E., Haynes, K., Erickson, Z., Arnold, I., O'Garro, K., & Pearce, M. (2017). The Moral Injury Symptom Scale-Military Version. *Journal of Religion and Health*. 57. 10.1007/s10943-017-0531-9.
- Litz, B. T., Lebowitz, L., Gray, M. J., & Nash, W. P. (2016). *Adaptive Disclosure: A new treatment for military trauma, loss and moral injury*. New York: The Guilford Press.
- 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.
- Maguen, S., Burkman, K., Madden, E., Dinh, J., Bosch, J., Keyser, J., Schmitz, M. & Neylan, T.C. (2017). Impact of killing in war: A randomized, controlled pilot trial. *Journal of Clinical Psychology*, 00(0), 1-16. doi: 10.1002/jclp.22471
- Maguen, S. & Litz, B. (2017). *Moral injury in the context of war*. Retrieved from: http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp
- Management of Post-Traumatic Stress Working Group (2017). *VA/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress Disorder and Acute Stress Disorder, Version 3.0*. Washington, DC: Veterans Health Administration and Department of Defense.
- Nash, W. P., Marino Carper, T. L., Mills, M. A., Au, T., Goldsmith, A. & Litz, B. T. (2013). Psychometric evaluation of the Moral Injury Events Scale. *Military Medicine*, 178(6), 646-652.
- Nash, W. (2017, July 27) *CDP Presents: Moral Injury Recognition and Care*. [Webinar]. In Center for Deployment Psychology Monthly Webinar Series. Retrieved from: <http://deploymentpsych.org/content/cdp-presents-moral-injury-recognition-and-care>

- Nieuwsma, J., Drescher, K.D., & Nash, W.P. (2015). Possibilities with Acceptance and Commitment Therapy for approaching moral injury. *Current Psychiatry Reviews*, 11, 193-206.
- Poppe, T. (2015, June 12). When the hardest thing is doing nothing: Moral injury caused by inaction in war. T. Ricks (Ed). Retrieved from <http://foreignpolicy.com/2015/06/12/when-the-hardest-thing-is-doing-nothing-moral-injury-caused-by-inaction-in-war/>
- Purcell, N., Burkman, K., Keyser, J., Fucella, P. & Maguen, S. (2018). Healing from Moral Injury: A qualitative evaluation of the Impact of Killing Treatment for combat veterans. *Journal of Aggression, Maltreatment & Trauma*, 27(6), 645-673.
- Shay, J. (2014). Moral Injury. *Psychoanalytic Psychology*, 31(2), 182-191.
- Sherman, N. (2014). Recovering lost goodness: Shame, guilt, and self-empathy. *Psychoanalytic Psychology*, 31(2), 217-235.
- Sherman, N. (2015). *Afterwar: Healing the moral wounds of our soldiers*. Oxford, University Press.
- Steenkamp, M. M., Litz, B. T., Gray, M. J., Lebowitz, L., Nash, W., Conoscenti, L., Amidon, A., & Lang, A. (2011). A brief exposure-based intervention for service members with PTSD. *Cognitive and Behavioral Practice*, 18, 98-107.
- Stein, N. R., Mills, M. A., Arditte, K., Mendoza, C., Borah, A. M., Resick, P. A., Litz, B. T., & the STRONG STAR Consortium (2012). A scheme for categorizing traumatic military events. *Behavior Modification*, 36(6), 787-807.
- Taub, A. (2015, May 25). War “exists in an outside moral universe.” Retrieved from <https://www.vox.com/2015/5/7/8553079/moral-injury-explained>.
- Vargas, A. F., Hanson, T., Kraus, D., Drescher, K., & Foy, D. (2013). Moral injury themes in combat veterans’ narrative responses from the National Vietnam Veterans’ Readjustment Study. *Traumatology*, 19(3), 243-250.
- Watson, J. (August 29, 2014). Military drone operators can feel emotional strains of war. Associated Press.
- Watson, J. (August 17, 2015). Soldier’s journey to heal spotlights ‘soul wounds’ of war. Associated Press.
- Wood, D. (2014). *The grunts: Damned if they kill, damned if they don’t*. Retrieved from: <http://projects.huffingtonpost.com/moral-injury/the-grunts>

Wood, D. (2016). What we have done: The moral injury of our longest wars. New York: Little Brown and Company.

Yeterian, J.D., Berke, D.S., & Litz, B.T. (2017). Psychosocial rehabilitation after war trauma with adaptive disclosure: Design and rational of a comparative efficacy trial. *Contemporary Clinical Trials*, 61, 10-15.