



Moral Injury: Addressing the Invisible Wounds through Assessment and Treatment

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Presenter

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- Brittany Davis is a clinical psychologist in the PTSD Clinical Team at the James A. Haley Veterans' Hospital, an Associate Professor in the Department of Psychiatry and Behavioral Neurosciences at the University of South Florida, and a consultant for the National Center for PTSD.
- Clinical and research interests include best practices for treatment of PTSD and addictions, and novel treatments to address trauma-related guilt, shame, and moral injury.



Disclosures

- Dr. Brittany Davis is a co-author of the therapy protocol presented today. She receives royalties from the book, *Trauma Informed Guilt Reduction Therapy: Reducing Guilt and Shame after Trauma and Moral Injury*. Dr. Brittany Davis is a co-investigator for clinical effectiveness trials for PTSD funded by Department of Defense, Congressionally Directed Medical Research Programs; Veterans Affairs Health Services Research and Development Merit Award; and Veterans Affairs Clinical Science Research and Development Merit Award.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify and describe a potentially morally injurious event (PMIE).
2. Discuss the impact of experiencing a PMIE on psychological and psychosocial functioning.
3. Outline the key elements of the Trauma Informed Guilt Reduction (TrIGR) therapy.



A Little Background



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What is Moral Injury?

- A potentially [morally injurious event \(PMIE\)](#) occurs where someone perpetrates, fails to prevent, or bears witness to acts that transgress deeply held moral beliefs and values
 - [Commission, omission, witnessing \(and sometimes betrayal\)](#)
- The person feels [moral distress](#) in response to the event
- [Moral injury](#) is the lasting psychological, biological, spiritual, cognitive, behavioral, and/or social impact of the morally injurious event that some experience



Where Does Trauma Related Guilt Fit?

- Overlap in constructs
- Core to moral injury but more specific
 - “The moral injury syndrome was proposed to describe the constellation of **shame and guilt-based disturbances** that some combat veterans experience after engaging in wartime acts of commission (e.g., killing) or omission (e.g., failing to prevent atrocities)” - Frankfurt & Frazier, 2016



Guilt and Shame

- **Guilt and Shame** - complex secondary emotions, consisting of both a cognitive/thinking component and an emotional component
- **Guilt:** focus is on one's behavior
(*"I've done something wrong"*)
- **Shame:** focus in on the entire self
(*"I am a bad person"*)



Moral Injury, Guilt, & Shame Can Result From a Range of Traumas

- Combat
- Interpersonal Violence
- Sexual Trauma
- Traumatic Loss
- Motor Vehicular Accident (MVA)
- Disasters (natural and manmade)
- Refugees of War



Examples of Combat PMIE/Sources of Guilt

- Killing or harming others
- Feeling nothing or exhilaration
- Surviving
- Failing to perform a duty
- Witnessing a harmful act
- Failing to act or report
- Making decisions that affect survival of others



Examples of Military Sexual Trauma PMIE/Sources of Guilt

- Betrayal trauma – dependence on perpetrator and/or institution
- Failing to act/report
- Impact on unit cohesion
- Experience of arousal during trauma
- Freeze response



(stock.adobe.com, n.d.)

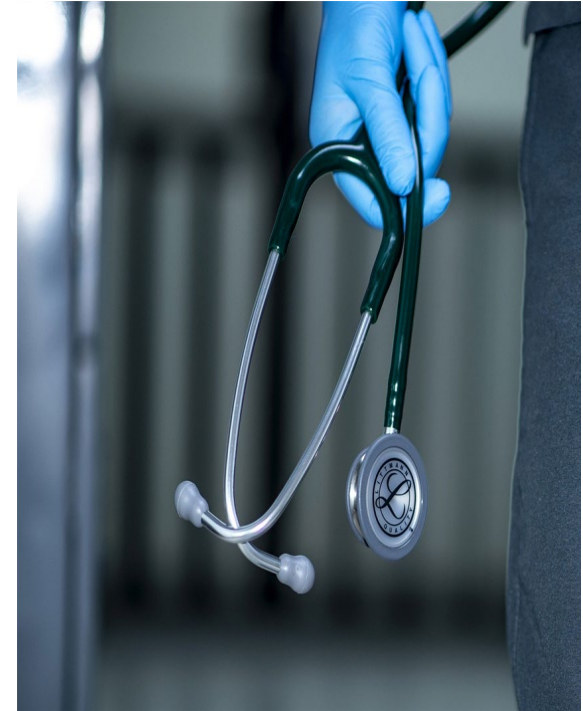


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Examples of Healthcare PMIE/Sources of Guilt

- Inadequate tools, resources, training
- Witnessing a great deal of suffering and death
- Honoring one set of values feels like failing in another
- Trying to save a life while preserving one's own
- Witnessing or participating in rituals around dying that go against values
- Supervisors making decisions that put others at risk
- Feeling numb or nothing
- Abiding with policies with which one does not agree



([upi.com](https://www.upi.com), 2023)



Polling Question 1

Do you treat moral injury in your practice?

- Yes
- No
- Not sure



Polling Question 2

What do you view as the greatest impact of experiencing a potentially morally injurious event?

- Diagnostic (e.g., PTSD, MDD)
- Loss of spiritual faith
- Loss of identity
- Loss of support system



Moral Injury and Posttraumatic Reactions

- PTSD
- Depression
- Insomnia
- Alcohol and drug use
- Suicidal ideation



Moral Injury and Posttraumatic Reactions, continued

- Disconnection from social support
- Self-sabotaging behaviors
- Loss of Spirituality
- Loss of Identity
- Loss of Value System



Assessment



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Assessing Critical Factors of Moral Injury (MI)

- Guilt
- Shame
- Anger
- Grief/loss
- Betrayal
- Spirituality



Moral Injury and Distress Scale (MIDS)



Psychological Trauma:
Theory, Research, Practice, and Policy

In the public domain
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The Moral Injury and Distress Scale: Psychometric Evaluation and Initial Validation in Three High-Risk Populations

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Jessica L. Hamblen^{1, 9}, and Shira Maguen^{10, 11}

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Measures: Moral Injury and Distress Scale (MIDS): Exposure

Exposure

- 1.) I acted in ways that violated my own morals or values.
 - 1a) I am bothered by what I did.
- 2.) I violated my own morals or values by failing to do something I should have done.
 - 2a) I am bothered by what I did not do.
- 3.) I saw things that violated my own morals or values.
 - 3a) I am bothered by what I saw.

(Norman et al., 2023)



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Moral Injury and Distress Scale (MIDS): Validity Check

Please pick the event or series of events (#1–3 above) that is most troubling to you or that you think about the most.

(a) Please write a few sentences to briefly describe the event(s):

(b) What is most upsetting about it to you?

(c) What do you wish you would have done differently?

How often did this event or series of events occur?

☐ a) 1 time

☐ b) A few times

☐ c) Often

☐ d) Very often

How long ago did the event(s) occur? Years Months

(Norman et al., 2023)



MIDS

Keeping the most distressing event(s) and their impact on your life in mind, indicate how true each of the following statements was for you over the last month:

Not at all 0	A little 1	Moderately 2	Quite a bit 3	Extremely 4
Because of what I did, failed to do, or witnessed that went against my morals and values...				
1. I think about how I should have been able to do more.				Select One
2. I have withdrawn from others more often.				Select One
3. I feel guilty.				Select One
4. I doubt my own judgement.				Select One
5. I do not feel like I deserve to be happy.				Select One
6. I self-sabotage things in my life more often (relationships, things at work).				Select One
7. I feel helpless.				Select One
8. My life feels like it has less purpose.				Select One
9. I am worried that bad things will happen to me or my loved ones				Select One
10. I have punished myself.				Select One
11. I feel disgusted.				Select One
12. I do not seek support because I feel like I do not deserve it.				Select One
13. I do not seek support because I worry others would not understand.				Select One
14. I feel betrayed by leaders or institutions.				Select One
15. I feel powerless.				Select One
16. I should not be forgiven.				Select One
17. My spirituality/faith is no longer a source of comfort.				Select One
18. I do not take good care of myself.				Select One

(Norman et al., 2023)



Spirituality and Moral Injury Assessment



Are you affiliated with a religious or spiritual community?



Do you see yourself as a religious or spiritual person? If so, in what way?



Has your religion or spirituality changed over the years, and if so, in what ways?



Has your religion or spirituality been involved in the way you have coped with the events in your life? If so, in what way?

(Davis, 2024)



Treatment



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Treatment, continued

PTSD

- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)

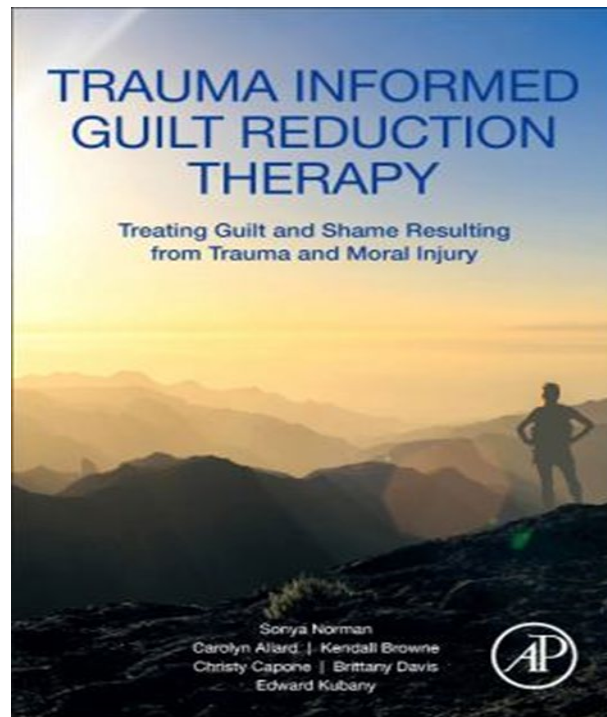
Moral Injury

- Acceptance and Commitment Therapy (ACT) for Moral Injury
- Adaptive Disclosure
- Impact of Killing
- Trauma Informed Guilt Reduction Therapy (TrIGR)
- Moral Injury Group
- Building Spiritual Strength

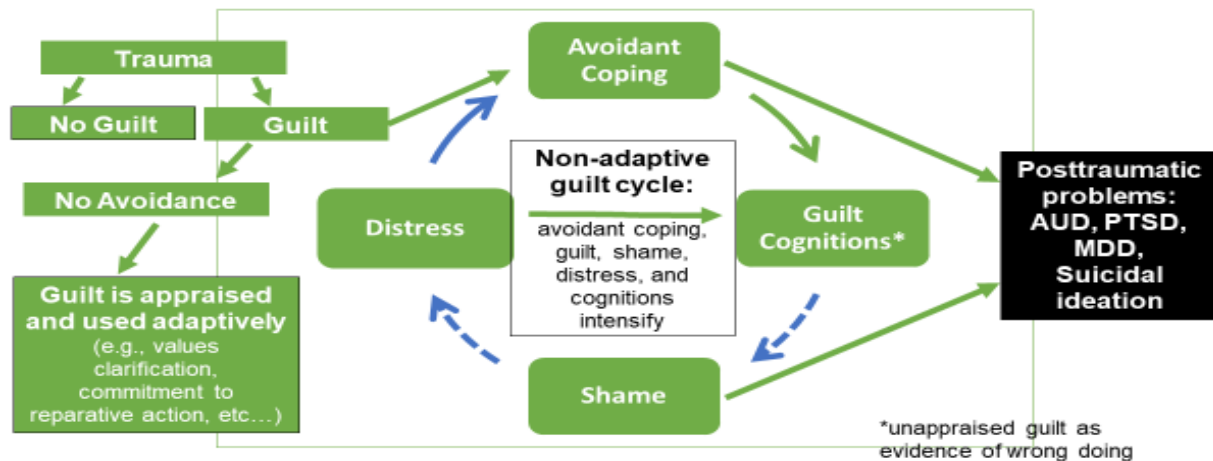


Trauma Informed Guilt Reduction (TrIGR) Therapy

- Overview of TrIGR
 - Six (6) weekly 60-90 min individual sessions
 - Record each session
 - Daily homework
- Modules
 - Module 1. Overview and Psychoeducation
 - Module 2. Guilt and Shame Appraisal
 - Module 3. Understanding the Role of Values and Commitment to Living a Valued Life



Model of Non-Adaptive Guilt and Shame (NAGS) Cycle



AUD: Alcohol use disorder
MDD: major depressive disorder

(Norman et al., 2022)



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What do we know so far?

DOI: 10.1002/da.23244

RESEARCH ARTICLE



ANXIETY AND DEPRESSION
ASSOCIATION OF AMERICA WILEY

A clinical trial comparing trauma-informed guilt reduction therapy (TrIGR), a brief intervention for trauma-related guilt, to supportive care therapy

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Efficacy Study

- RCT of TrIGR vs. Supportive Care therapy (SCT)
 - SCT: Rogerian, non-specific, length matched to TrIGR
- San Diego and Providence
- Transdiagnostic
- 145 OIF/OEF/OND Veterans – Deployment-related trauma
- Funded by the Department of Defense (DOD)

RCT: randomized controlled trial
 OEF: Operation Enduring Freedom
 OIF: Operation Iraqi Freedom
 OND: Operation New Dawn

Characteristic	M (SD) or n (%)
Age	39.2 (8.1)
Male	136 (93.8)
Married	64 (45.8)
College graduate	74 (51.0)
Hispanic Ethnicity	33 (23.6)
Caucasian Race	92 (63.4)
% combat exposure	137 (94.5)
PTSD severity (CAPS-5)	38.4 (9.5)
% PTSD diagnosis	124 (85.5)
# sessions attended (out of 6)	5.3 (1.7)

(Norman et al., 2022)



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Aims

- Primary Aim: To evaluate the efficacy of TrIGR for reducing deployment-related guilt in Veterans of OEF/OIF/OND.
- Exploratory Aims: To explore whether reductions in guilt will partially mediate the treatment effect on PTSD symptoms among **Veterans with a PTSD diagnosis** and/or depression symptoms among **Veterans with a depressive disorder**.



Method

- **Measures:** Baseline, posttreatment, three-month and six-month follow-up
 - **Trauma-related guilt:** Trauma-Related Guilt Inventory (TRGI)
 - **PTSD symptom severity:** Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
 - **Depressive symptom severity:** Patient Health Questionnaire-9 (PHQ-9)
 - **Coping:** The Coping Orientation to Problems Experienced Inventory (BRIEF COPE)
 - **Reintegration stress:** Military to Civilian Questionnaire (M2C-Q)

DSM-5: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition

CAPS-5: Clinician-Administered PTSD Scale for DSM-5

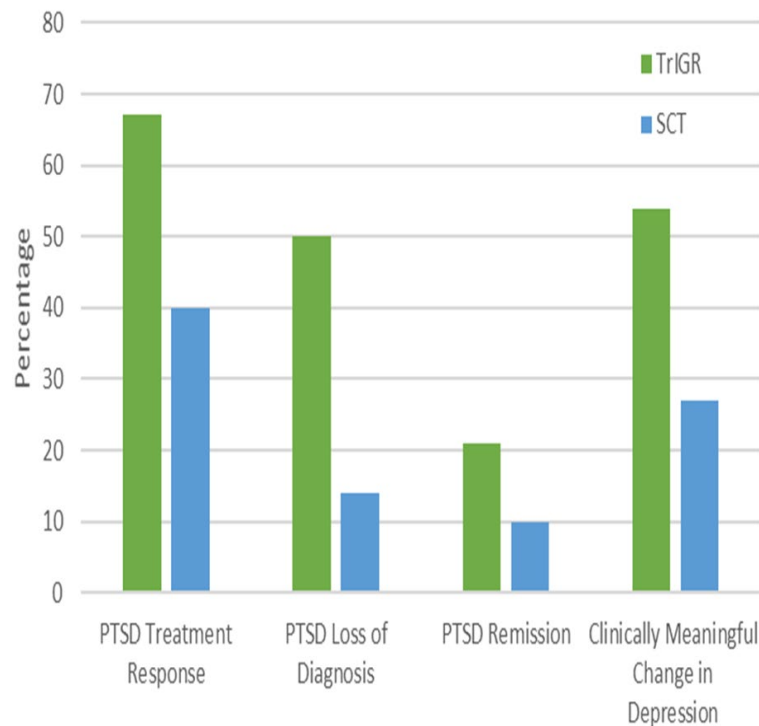
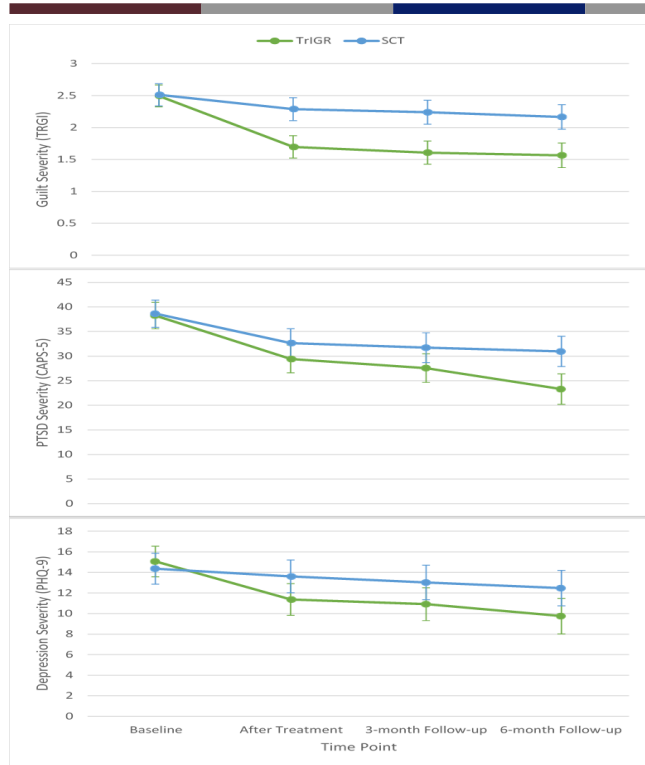
(Norman et al., 2022)



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Results



(Norman et al., 2022)



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TrIGR Module 1: Overview and Psychoeducation

Session 1.

- Overview of TrIGR
- Psychoeducation about trauma reactions and posttraumatic distress
- Introduction of the NAGS model, discussion of guilt and shame, and role of avoidance
- Review common trauma reactions and common problems



TrIGR Module 1: Overview and Psychoeducation

Session 2.

- Understanding client's interpretations and functions of guilt
 - What are your interpretations about.....
 - Why the trauma occurred?
 - Your role/responsibility within the trauma?
 - What this now means about yourself? Others? The world?
- By understanding the client's perceptions about their traumatic experience, the clinician starts to explore the function of their guilt and understandings their underlying value system



TrIGR Module 1: Overview and Psychoeducation, continued

Session 2.

Different types of non-adaptive trauma-related guilt and shame (NAGS)

- Negligence/betrayal/abandonment
- Incompetence/superman/superwoman
- Overestimation of knowledge and control
- Survivor's guilt or guilt related to leaving
- Killing for pleasure/feeling nothing from killing or hurting someone
- Atrocity
- Self-Blame to maintain an important relationship
- Not reporting illegal or deviant behavior



TrIGR Module 2: Guilt and Shame Appraisal

- Acknowledge emotional reasoning, separate guilt and shame into more manageable parts, and evaluate each in turn:
 1. Foreseeability and Preventability
 2. Justification
 3. Responsibility
 4. Wrongdoing



TrIGR Module 2: Foreseeability and Preventability

- If something was foreseeable that means it was preventable, and if it was preventable and we didn't prevent it, it means we allowed it to happen.
 - Hindsight bias
 - Red Flags (Green flags?)
 - Capability: should = could
 - “Million Dollar Question” - if you had known the outcome, would you have done the same thing?



TrIGR Module 2: Justification Analysis

- Most justified choice is the best of *available and considered* choices at the time
- Which is the best option out of all bad options?
 - Pros and cons of each option considered in trauma context
- Multiple choice
 - Actual options vs. idealized options?
 - Only focusing on the good that *MIGHT* have happened? (Pros/Cons)
 - Ignoring the good things that may have occurred because of the outcome



TrIGR Module 2: Responsibility Analysis

- Accountability vs. control over outcomes
 - Hindsight bias
 - Emotions reasoning
- Contributing Factors?



(commons.wikimedia.org, 2015)



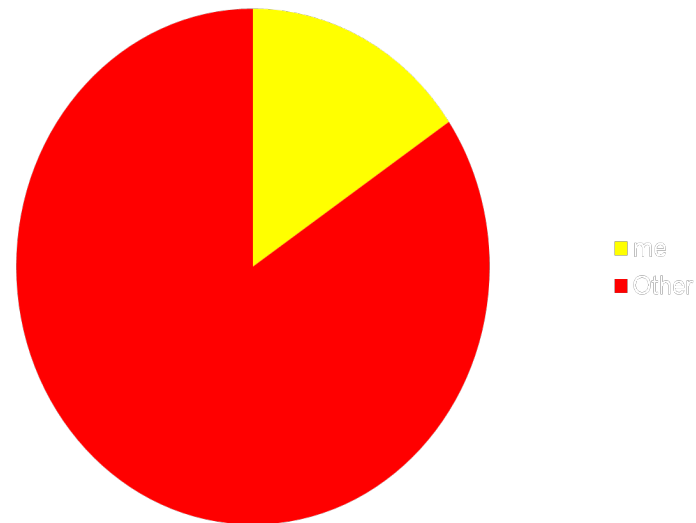
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TrIGR Module 2: Responsibility Analysis

Calculating Actual Contribution

	Responsibility	%
1	At war	90
2	Staff sergeant's orders	90
3	Consequences of insubordination	100
4	Not wanting to embarrass my family	80
5	Sleep deprivation	70
6	Felt numb, didn't feel real	80
7	Didn't want to stand out	90
8	Survivor instinct	90
9		
10		
Total		490



(Norman et al., 2022)



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TrIGR Module 2: Blame and Wrongdoing Analysis

- Responsibility vs. Blame and Responsibility vs. Causation
- Intentional/Deliberate
 - Did you intend to cause.....?
 - Did you know what was going to happen when you.....?
- Violation of values
 - Reminder of multiple values, contextual, sometimes conflictual
 - No good choices
 - Judging self based on morals/beliefs one has today



Module 3: Values and Goals



DEFINE AND DESCRIBE
VALUES AND HOW THEY
ARE AFFECTED BY TRAUMA



ASSIST CLIENTS IN
IDENTIFYING VALUES IN A
NUMBER OF DOMAINS



ENCOURAGE CLIENTS TO
APPROACH VALUES WITH
FLEXIBILITY



MONITOR ACTIVITIES AND
ENGAGEMENT IN VALUES



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Next Steps in Research



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National Center for PTSD Moral Injury Resources

- Webpages
 - For providers: [Moral Injury - National Center for PTSD](#)
 - For Veterans and the public: [Moral Injury and PTSD](#)
- Assessment Tool
 - [Moral Injury and Distress Scale \(MIDS\)](#)



AboutFace: www.ptsd.va.gov/aboutface

New section on moral injury coming later this year

The screenshot displays the AboutFace website interface. At the top, there's a navigation bar with links: Home, Watch, Learn More, and Get Help. Below this is a large video player showing a man's profile with the text "PTSD We've been there." and a "Watch the intro" button. To the right of the video player is a "Refine by" section with filters for Video Type (Veteran Interviews, Clinician Interviews, Family Interviews, Interview Highlights, PTSD Therapies, Up Close Stories, Looking Forward), Gender (Women, Men), Treatment (CPT, PE), Service branch (All), Service decade (All), and Place of deployment (All). Below the filters is a grid of video thumbnails, each labeled "FEATURED VIDEO" and showing a duration. The videos are arranged in two rows of three. The first row includes videos titled "How I knew I had PTSD Interview Highlights" (4:22), "How PTSD affects the people you love Interview Highlights" (3:29), and "Why I didn't ask for help right away Interview Highlights" (2:36). The second row includes "When I knew I needed help Interview Highlights" (4:09), "What treatment was like for me Interview Highlights" (4:32), and "How treatment helps me Interview Highlights" (2:51). On the left side of the page, there's a section titled "This is AboutFace" with a description and a search bar. Below that is a section titled "Our Stories" featuring a photo of a family and a description of a veteran's story.

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Key Takeaways

- The experience of moral injury can have a grave impact of the psychological health, spirituality, psychosocial functions and engagement in values following a trauma.
- PMIE's can occur from a range of traumas (e.g., combat, medical, sexual assault).
- People can experience reductions of distress associated with guilt, shame, and moral injury with treatment.



References

- Capone, C., Norman, S. B., Haller, M., Davis, B., Shea, M. T., Browne, K., Lang, A. J., Schnurr, P. P., Golshan, S., Afari, N., Pittman, J., Allard, C. B., & Westendorf, L. (2021). Trauma Informed Guilt Reduction (TrIGR) Therapy for Guilt, Shame, and Moral Injury Resulting from Trauma: Rationale, Design, and Methodology of a Two-site Randomized Controlled Trial. *Contemporary Clinical Trials*, 101, 106251. <https://doi.org/10.1016/j.cct.2020.106251>
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., & Maguen, S. (2019). Moral Injury: An Integrative Review. *Journal of Traumatic Stress*, 32(3), 350–362. <https://doi.org/10.1002/jts.22362>
- Haller, M., Norman, S. B., Davis, B. C., Capone, C., Browne, K., & Allard, C. B. (2020). A Model for Treating COVID-19-Related Guilt, Shame, and Moral Injury. *Psychological Trauma: Theory, Research, Practice and Policy*, 12(S1), S174–S176. <https://doi.org/10.1037/tra0000742>
- 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(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Maguen, S., Griffin, B. J., Vogt, D., Hoffmire, C. A., Blosnich, J. R., Bernhard, P. A., Akhtar, F. Z., Cypel, Y. S., & Schneiderman, A. I. (2023). Moral Injury and Peri- and Post-Military Suicide Attempts Among Post-9/11 Veterans. *Psychological Medicine*, 53(7), 3200–3209. <https://doi.org/10.1017/S0033291721005274>



References, continued

- Nichter, B., Norman, S. B., Maguen, S., & Pietrzak, R. H. (2021). Moral Injury and Suicidal Behavior Among US Combat Veterans: Results from the 2019-2020 National Health and Resilience in Veterans Study. *Depression and Anxiety*, 38(6), 606–614. <https://doi.org/10.1002/da.23145>
- Norman, S., Allard, C., Browne, K., Capone, C., Davis, B., & Kubany, E. (2019). *Trauma Informed Guilt Reduction Therapy: Reducing Guilt and Shame after Trauma and Moral Injury*. Academic Press.
- Norman, S. B., Capone, C., Panza, K. E., Haller, M., Davis, B. C., Schnurr, P. P., Shea, M. T., Browne, K., Norman, G. J., Lang, A. J., Kline, A. C., Golshan, S., Allard, C. B., & Angkaw, A. (2022). A Clinical Trial Comparing Trauma-Informed Guilt Reduction Therapy (TrIGR), a Brief Intervention for Trauma-Related Guilt, to Supportive Care Therapy. *Depression and Anxiety*, 39(4), 262–273. <https://doi.org/10.1002/da.23244>
- Norman, S. B., Griffin, B. J., Pietrzak, R. H., McLean, C., Hamblen, J. L., & Maguen, S. (2024). The Moral Injury and Distress Scale: Psychometric Evaluation and Initial Validation in Three High-Risk Populations. *Psychological Trauma: Theory, Research, Practice and Policy*, 16(2), 280–291. <https://doi.org/10.1037/tra0001533>



Questions?



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2024 OCT CCSS: Fostering Quality and Excellence in Military-Specific Care

To receive CE/CME credit, you must register by 0800 ET on 18 October 2024, to qualify for the receipt of CE/CME credit or certificate of attendance. Complete the course evaluation and posttest for the session(s) you attended by **11:59 PM ET on Thursday, 31 October 2024**, to receive CE/CME credit or a certificate of attendance.

1. [Log in](#) to your account.
2. Go to the [main event page](#) and select the session you want to complete under the TAKE COURSE tab.
3. On the session page, click TAKE COURSE under the TAKE COURSE tab.
4. Progress through the required course items by clicking START under the Course Progress menu tabs located on the left of the screen or by clicking Start Course at the bottom of the page.
5. Complete the evaluation and pass the posttest with a score of 80% or above to select your credits and download your certificate.

All completed courses and certificates are available in [your account](#). Refer to your [Pending Activities](#) for sessions you have yet to complete. You must complete the required course items by Thursday, 31 October 2024, to receive credit.

Questions? Email DHA J7, CEPO at dha.ncr.j7.mbx.cepo-cms-support@health.mil.

