

ADDRESSING GUILT AND SHAME STEMMING FROM TRAUMA AND MORAL INJURY IN PSYCHOTHERAPY

Sonya Norman, Ph.D.

U.S. National Center for PTSD

University of California, San Diego
Department of Psychiatry

Brittany Davis, Ph.D.

Department of Veteran Affairs, James
A. Haley Veterans Hospital

University of South Florida,
Department of Psychiatry and
Behavioral Neurosciences

OBJECTIVES



Provide an overview of key terms: guilt, shame, moral injury



Introduce the Nonadaptive Guilt and Shame (NAGS) Model



Discuss the impact of trauma-related guilt and shame



Introduce intervention strategies to use in clinical practice

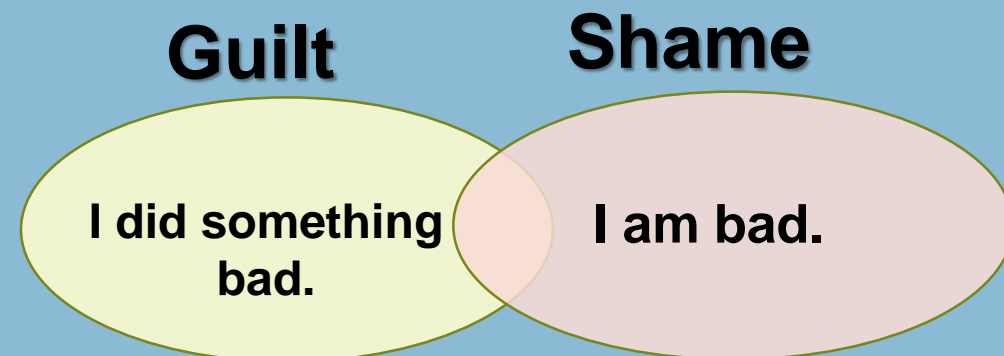


Promote reconnection to values

WHAT IS GUILT, SHAME, MORAL INJURY?

GUILT, SHAME, & TRAUMA

- **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”)
 - Feeling distress because you think you should have thought, felt, or acted differently
- **Shame:** focus in on the *entire self* (“I am a bad person”)
 - Feeling distress because you believe you are a bad person because of how you acted or reacted during the event



WHAT ARE MORAL DISTRESS AND MORAL INJURY?



An **event** occurs where someone's values and morals are violated by perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and values.



The person feels **moral distress** (involving emotions and cognitions – guilt, shame, betrayal) in response to the event.



Sometimes there is lasting psychological, biological, spiritual, behavioral, and/or social **impact** of the morally distressing event.

TRAUMA EXPOSURE AND GUILT/SHAME/MORAL INJURY

- **Combat** (Farnsworth et al., 2014)
- **Traumatic Loss** (Pitman et al., 2016)
- **Refugees of War** (Stotz et al., 2015)
- **Disasters (natural and manmade)** (Carmassi et al., 2017)
- **Interpersonal Violence** (Scheffer et al., 2008)
- **Sexual Trauma** (Michalopoulos et al., 2015)
- **MVA** (Amstadter & Vernon, 2008)

BROAD CATEGORIES OF EVENTS

- Decisions that affect the survival of others
 - Even when it is clear not everyone can be saved
- Decisions where all options will lead to a negative outcome
- Going against one's beliefs (commission)
- Failing to do something in line with one's beliefs (omission)
- Witnessing or learning about such an act
- Betrayal by leaders or trusted others

SOME MORE COMMON CATEGORIES

- Negligence/betrayal/abandonment
- Incompetence/superman/superwoman
- Overestimation of knowledge and control
- Survivor's or Leaving guilt
- Feeling pleasure or doing nothing during a life threatening event
- Witnessing or participating in atrocities



WARTIME

- Killing or harming others
- Surviving
- Failing to perform a duty
- Feeling nothing or exhilaration
- Witnessing a harmful act
- Not being able to act or report
- Failing to act or report
- Making decisions that affect survival of others
- Deciding to serve or not to serve



HEALTHCARE WORKERS AND OTHER DECISION MAKERS

- 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



COMMON REACTIONS

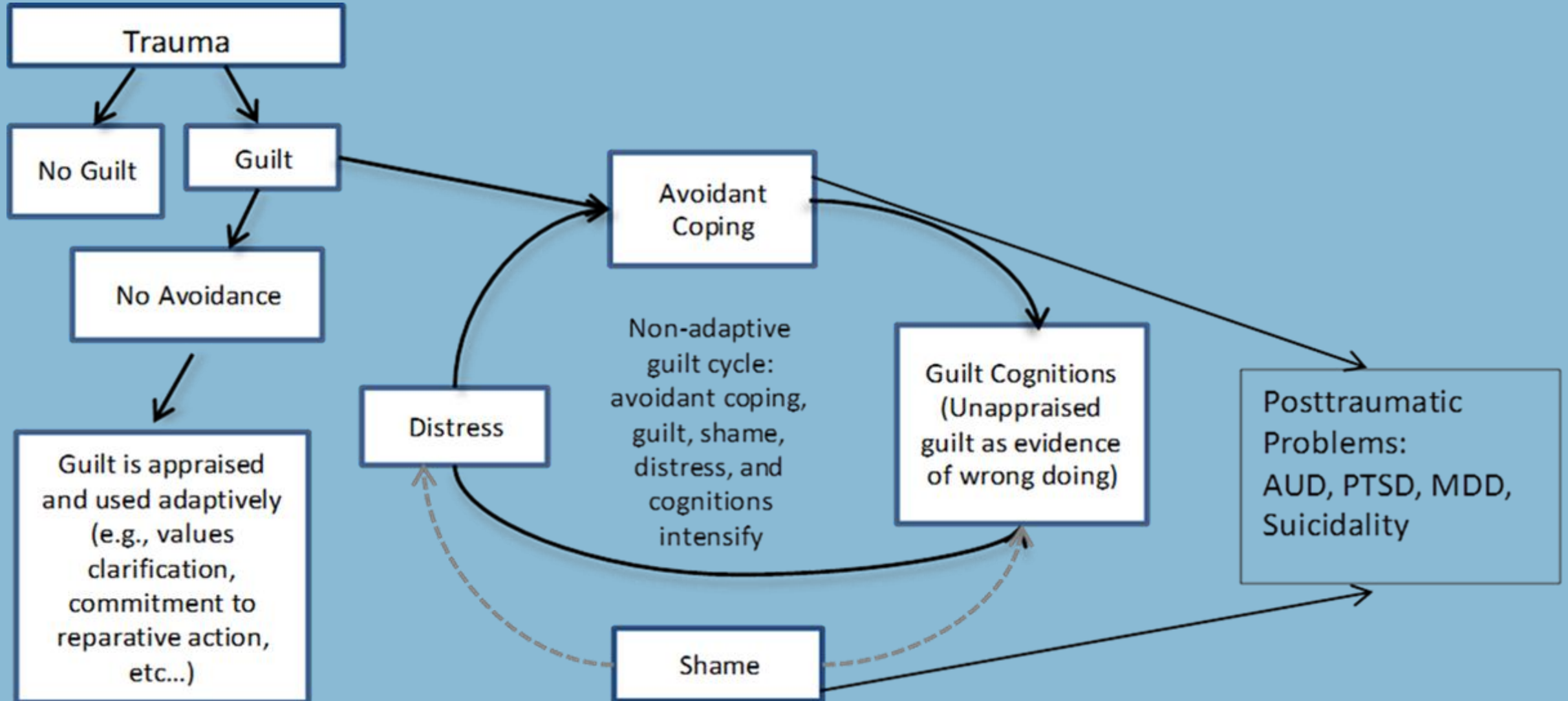
- Strong emotions – anger, sadness, grief
- Self sabotaging
- Sense of being damaged, flawed, unforgiveable
- Deep psychic or existential pain
- Loss of spirituality
- Change in beliefs about human nature
- Feeling of a loss of control
- Loss of values and meaning

GUILT, SHAME, MORAL INJURY CAN BE ASSOCIATED WITH...

- Depression
- Substance use
- Worse functioning
- Posttraumatic Stress Disorder (PTSD)
- Suicidal thoughts and behavior



NON-ADAPTIVE GUILT AND SHAME (NAGS) MODEL



Treating Guilt, Shame, Moral Injury

FIRST QUESTION: IS THERE GUILT AND SHAME?

- Is the person experiencing guilt and shame?
- Ask them.....
- Trauma Related Guilt Inventory (TRGI)
 - Kubany et al., 1997
- The Trauma Related Shame Inventory
 - Oktedalen et al., 2014



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

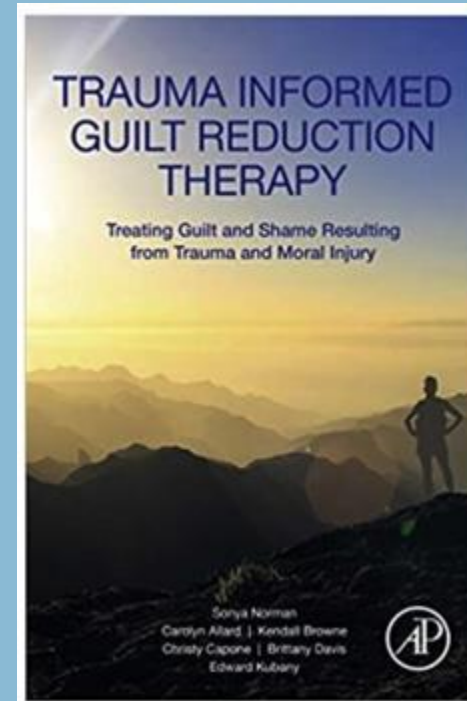
Sonya B. Norman^{1, 2}, Brandon J. Griffin^{3, 4}, Robert H. Pietrzak^{5, 6}, Carmen McLean^{7, 8},
Jessica L. Hamblen^{1, 9}, and Shira Maguen^{10, 11}

TRAUMA INFORMED GUILT REDUCTION THERAPY

SONYA NORMAN
CAROLYN ALLARD, KENDALL BROWNE, CHRISTY CAPONE,
BRITTANY DAVIS, EDWARD KUBANY

- 3 Modules, 4-6 Sessions
- CBT + acceptance principles
- Transdiagnostic

1. Psychoeducation
2. Appraisal
3. Values



THERAPIST CONSIDERATIONS

- Be patient
- Stay open/alert to understand MI
- Accepting, non-judgmental, empathic stance
- Stay alert to own presumptions about perpetration, morals, and values

STAY FOCUSED ON THE GUILT, SHAME, AND MORAL DISTRESS

- Can you tell me how your feelings of guilt and shame have been negatively affecting your life?
- Some people feel that their guilt serves as an important function for them and that they should not decrease these guilt related emotions or thoughts. Is this something that you relate to?
- What are the pros of experiencing your current guilt related thoughts and feelings? Cons?
- What might your life look like if you were to decrease your feelings of distress?

UNDERSTANDING THE CLIENT'S GUILT AND SHAME

- **What are some things you feel guilty about?**
 - I should have known better
 - I should/shouldn't have done/said
 - Why did/didn't I...?
 - I had no reason to...
 - I did something wrong when I...

- **What are you telling yourself about....**
 - Your reaction?
 - Your role?
 - What it means about you? Others? The world? The future?

DIFFERENT TYPES OF NON-ADAPTIVE TRAUMA-RELATED GUILT AND SHAME

- Negligence/betrayal/abandonment guilt
- Incompetence/superman/superwoman guilt
- Overestimation of knowledge and control
- Survivor's or Leaving guilt
- Feeling pleasure or doing nothing during the trauma
- Atrocity guilt

CLINICAL ASSESSMENT OF DISTRESS: ATTITUDES ABOUT GUILT SURVEY (AAGS)

- Briefly describe the event.....
- I should have/should not have

To what extent do you think that you should have known better and could have prevented or avoided the outcome?

- a. There is no possible way that I could have known better.
- b. I believe slightly that I should have ...
- c. I believe moderately that I ...
- d. For the most part I believe that I ...
- e. I absolutely ...

INTRO TO 4 APPRAISAL SKILLS

- Acknowledge emotional reasoning, break guilt & shame down into more manageable parts, and evaluate each in turn:
 1. **Foreseeability and Preventability**: believing the terrible event was going to happen and should have prevented it
 2. **Justification**: believing you do not have good reasons for actions you took or did not take
 3. **Responsibility**: believing you are responsible for the event without taking into the account all the other factors
 4. **Wrongdoing**: concluding that you violated your or society's values
- Priming the Patient – setting the emotion aside to be able to evaluate the event

FORESEEABILITY AND PREVENTABILITY

Goal = Help to look at the whole picture and what occurred DURING the stressful event rather than AFTER the stressful event

Why did you do what you did at the time of the event?

If you knew with certainty what was going to happen when you did what you did, would you have done what you did?

LACK OF JUSTIFICATION

Goal: Look at the actual options that were available at the time of the event (not options you thought of much later).

Why did you do what you did at the time of the event?

If you knew with certainty what was going to happen when you did what you did, would you have done what you did?

RESPONSIBILITY

Goal: Help the patient look at the “Big Picture” – including all the factors that contributed to the event (not just the patients role)

Who or what else contributed to what happened?

WRONGDOING

Goal: Help the patient assess for intentionality, and identify what values were violated during the event.

During the event, did you intend for the outcome to happen?

What values may have been violated? What values were conflicting?

ROLE PLAY

- Emergency Medical Responder
 - Out of country with family for vacation; and therefore was unavailable (not able) to help at the time of the mass violence event
- Identified main “should” thought – “I should have been there....more people would have survived if I were there.”
- Guilt and Shame Appraisal Skills:
 - Foreseeability and Preventability
 - Lack of Justification
 - Responsibility
 - Wrongdoing (violation of values)

CLINICAL ASSESSMENT OF DISTRESS: ATTITUDES ABOUT GUILT SURVEY (AAGS)

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JUSTIFICATION ANALYSIS

	Option A: Not go on vacation	Option B:	Option C:	Option D:
Pros				
Cons				

JUSTIFICATION ANALYSIS

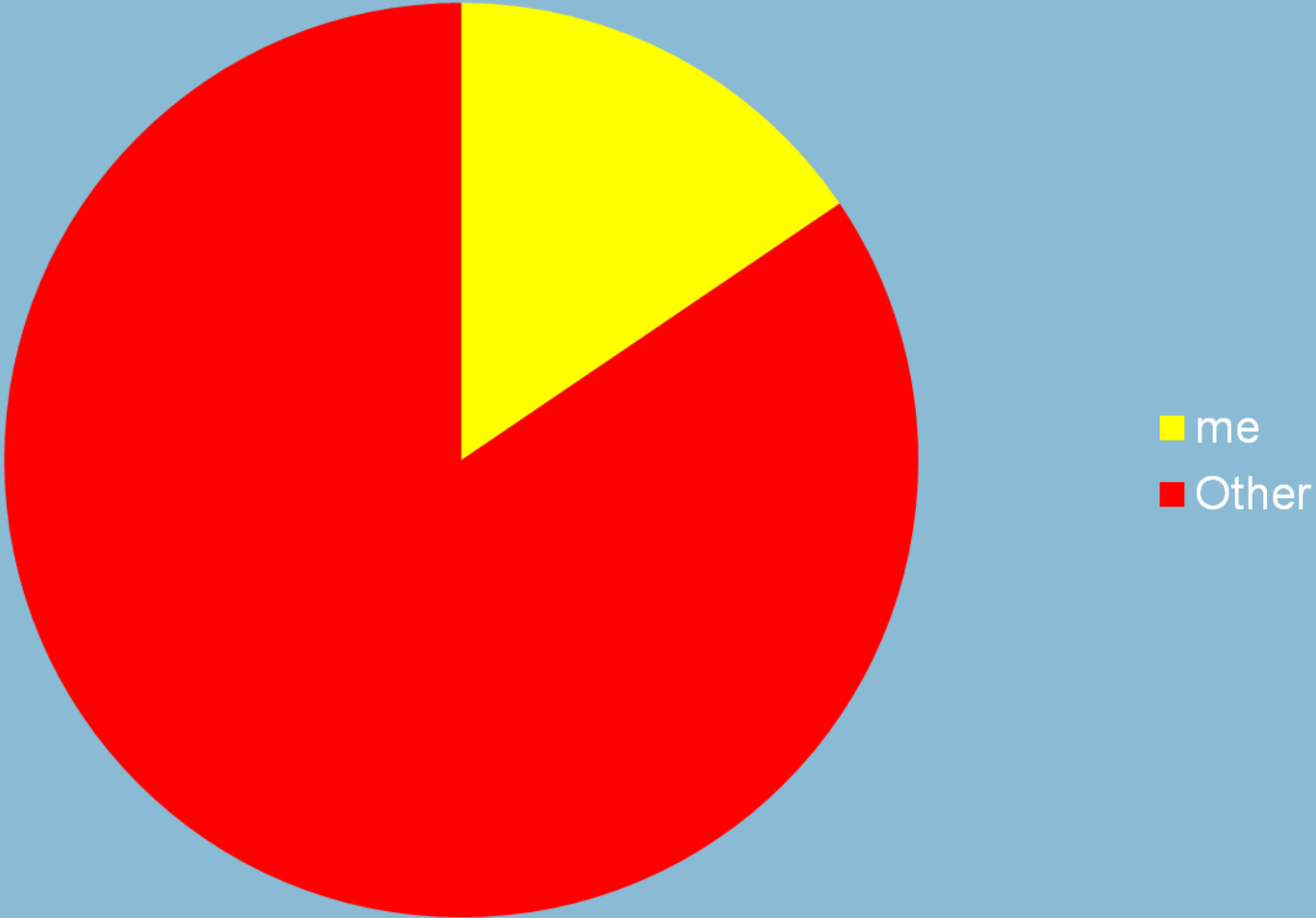
	Option A: Not go on vacation	Option B:	Option C:	Option D:
Pros	<ul style="list-style-type: none">- Be available for work- Save money	X	X	X
Cons	<ul style="list-style-type: none">- Not spend the time with family- Disappoint others	X	X	X

RESPONSIBILITY ANALYSIS

Contributing Factors	%
Me	80%
My family – not wanting to disappointment them	30%
Planned vacation	50%
Severity of the injuries	100%
Terrorists/Perpetrators	100%
Weapons used (bombs, bullets)	100%
Flights back (unavailable)	100%
Unanticipated event	100%
Others trained to assist	50%
	Total: 710%

Me: 80%/Total: 710% = 11% (actual percentage when including all contributing factors)

RESPONSIBILITY ANALYSIS

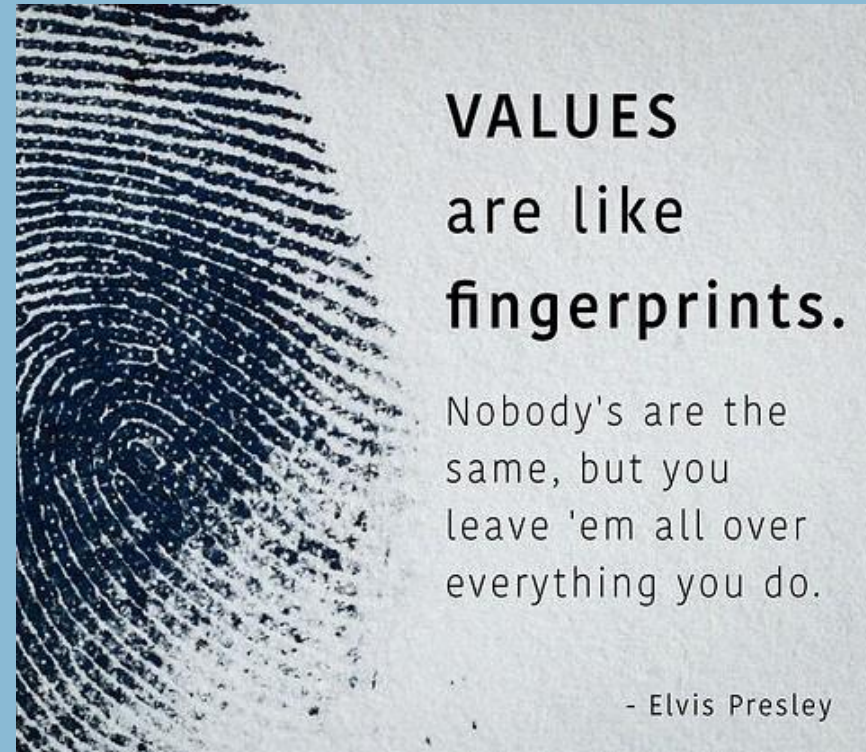


UNDERSTANDING THE ROLE OF VALUES

- What would it be like to move forward feeling less guilt?

VALUES

- A person's principles or standards of behavior
- One's judgment of what is important in life



CONNECTING TO VALUES: FLEXIBILITY IS KEY

- Values are our foundation and guiding principles – across a variety of domains (e.g. work, relationships, community, spirituality)
- When we feel guilt it means we have strong values
- Recovery occurs when we live in line with our values (acting on them) – it gives meaning to our lives
- Sometimes values are at odds with one another – that's ok – if you cannot choose one today – you can choose a different one tomorrow

WE HOLD VALUES IN MANY DOMAINS OF OUR LIVES

- Family
- Friendship/Social
- Marriage/Intimate Relationships
- Employment
- Education and Training
- Recreation
- Spirituality
- Volunteer Work/Charity/Political Activism
- Physical Wellbeing
- Psychological Wellbeing



EXAMPLE - WAYS TO CONNECT TO VALUES

Value Domain	Long term activities	Short term activities
<p><u>Family Relations</u></p> <p>Value: Connecting with family, helping family</p> <p><i>“I want to be more involved in my kids’ life. I want to do take them out to do something fun each week.”</i></p>	<p><i>“I will take my family on vacation somewhere fun and relaxing.”</i></p> <p><i>“I will take my kids to the playground once a week, and stay off my phone so I can be present with them.”</i></p>	<p><i>“I will ask my kids each day how their day was.”</i></p> <p><i>“I will read my kid a story once a week.”</i></p> <p><i>“Once a week, I’ll let my kids choose an activity they want to do (e.g., play a board game, watch a movie) and I’ll do it with them.”</i></p>

EXAMPLE - WAYS TO CONNECT TO VALUES – PHYSICAL WELLBEING

<p><u>Physical well-being</u></p> <p>Value: Bettering one's overall health and body</p> <p><i>"I used to be so fit. That is when I felt my best. I'm going to start working out again."</i></p>	<p><i>"I'm going to set the goal to attend the gym 2-3 times per week."</i></p>	<p><i>"I'm going to set a home workout plan and work out 2-3 times per week."</i></p> <p><i>"I am going to start eating healthier. I'm setting the goal to track my calories daily through an app."</i></p> <p><i>"I'm going to set a daily scheduled time that I wake up and go to bed. When I do that, I'm better at accomplishing other things throughout the day."</i></p>
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LIVING YOUR VALUES THROUGH DIFFICULT TIMES

- Connecting to values may look different during times of crisis and distress – to recover we must be flexible!
- Seek support (family, friends, peers, colleagues, leaders)
 - Support in making difficult choices
 - Support for moral distress
- Watch internal self-talk
 - Modify expectations to meet the current reality
 - Watch for “Should” thoughts
 - “I should have done better” v. “I did the best I could given the current reality.”

LIVING YOUR VALUES THROUGH DIFFICULT TIMES

- Focusing on what you can control
- Finding satisfaction in small actions or accomplishments
- Leaning into religious faith or spirituality
- Leaning into comforting rituals
- Being more patient and kind with yourself



Ending on a Note of Hope...

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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

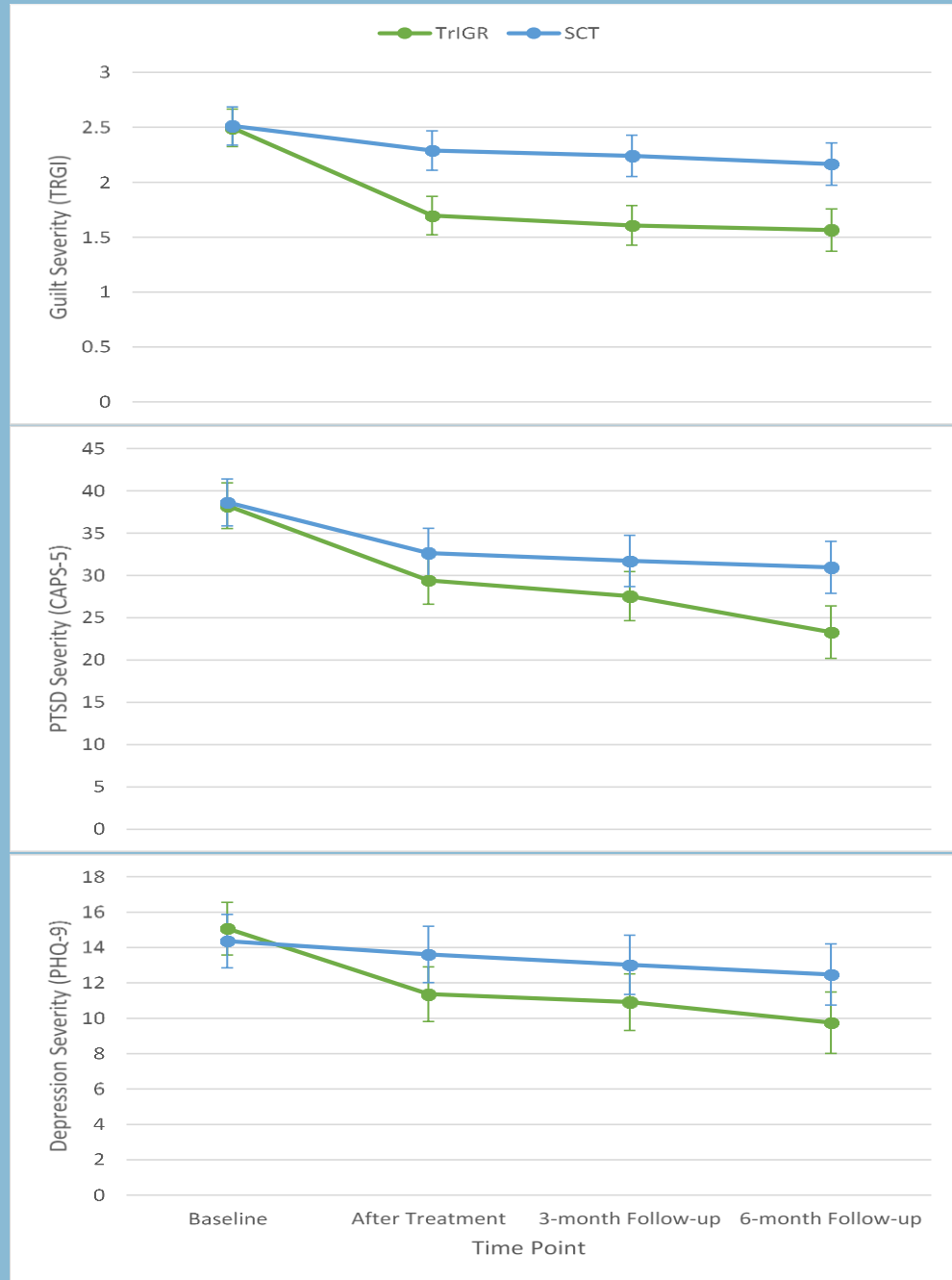
Sonya B. Norman^{1,2,3,4} | Christy Capone^{5,6} | Kaitlyn E. Panza^{2,4} | Moira Haller^{2,4} |
Brittany C. Davis^{7,8} | Paula P. Schnurr^{1,9} | M. Tracie Shea^{5,6} |
Kendall Browne^{10,11,12} | Gregory J. Norman⁴ | Ariel J. Lang^{2,3,4} |
Alexander C. Kline^{2,4} | Shahrokh Golshan^{2,4} | Carolyn B. Allard^{2,13} |
Abigail Angkaw^{2,4}

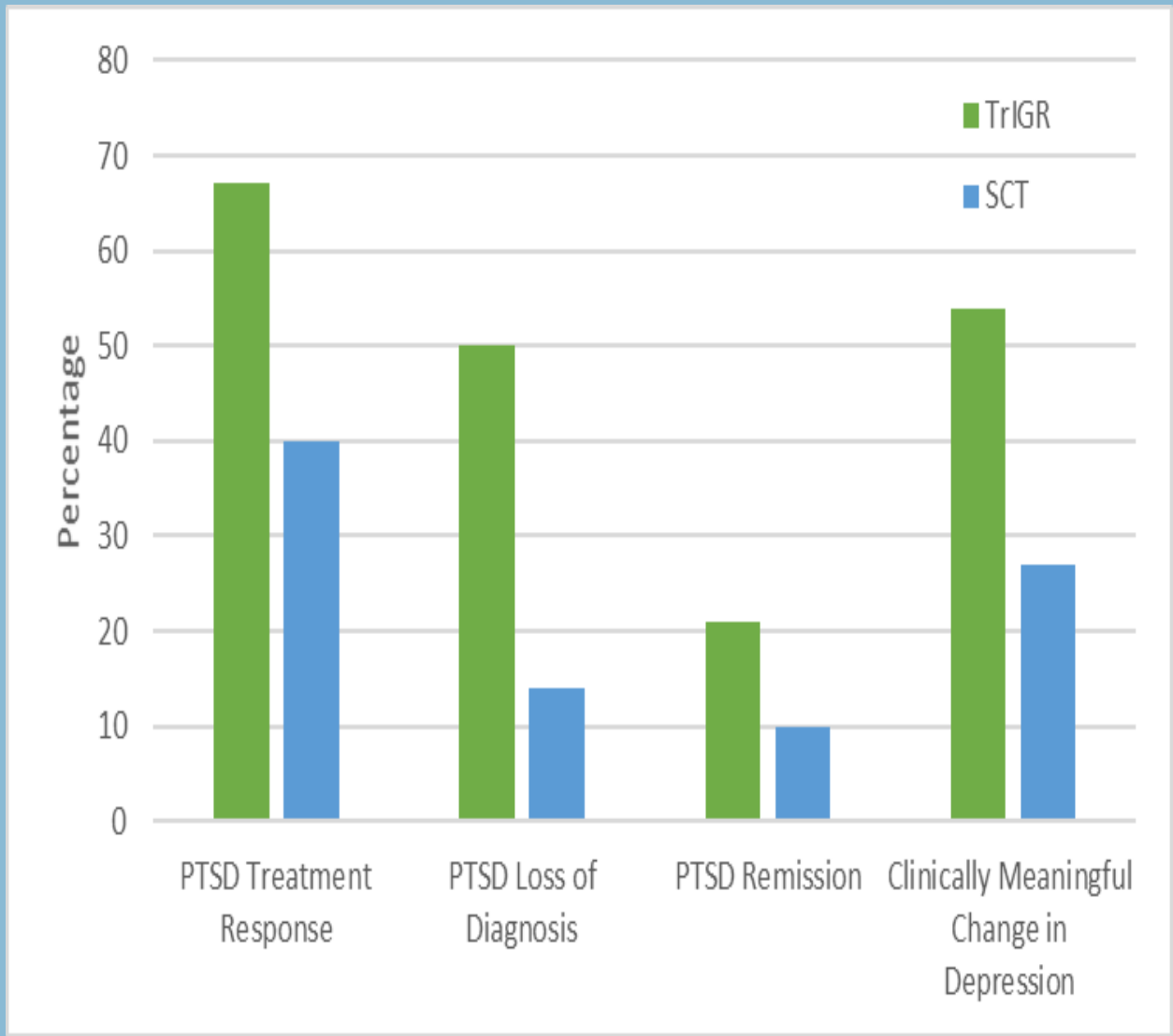
PARTICIPANTS AND PROCEDURES

- 145 veterans
- Endorsed trauma-related guilt from an event while deployed
- Randomized to TrIGR or supportive therapy

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)

Full study procedures and exclusion/inclusion criteria in Capone et al., 2021





THANK YOU