A Functional Approach to Repairing Moral Injury and Traumatic Loss: Change Agents, Clinical Strategies, and Lessons Learned

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Goals

- Learn state-of-the-art knowledge about moral injury
- Expand: Clinical knowledge, case conceptualization schemes, and toolkit to target moral injury and loss
- Think about your cases and supervision differently:
  - Appreciate existential and lifespan impact of grave trauma
  - Be more flexible and ideographic in your approach
  - Consider functional change agents and functional aims
  - Consider formalizing compassion training and integrating it into your case conceptualization and approach

Loss/grief and Moral Injury: Common Etiological Pathways

- Traumatic loss is *always* a potentially morally injurious experience
- When moral emotions (anger, shame) dominate loss and grief, phenomenology and intervention strategies are indistinguishable
- Loss of valued and valuing attachments and belonging are central to both traumatic grief and moral injury
- Each pose a threat to social bonds and ways of thinking about the goodness or worthiness of the self and/or humanity

Basic (Secular) Theoretical Model of Moral Injury

- Assumption: Events can cause a crisis of conscience & trust and lead to lasting harm
- Definition: *Life altering multisystemic impact of doing things or failing to do things, or being the victim of, or bearing witness to acts, that transgress deeply held moral beliefs and expectations*

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.

Moral Injury Is Not "Just PTSD"

- Overlaps with PTSD: Reexperiencing, avoidance, numbing..
- Overlaps with depression: Dysphoria, anhedonia, withdrawal..
- Does not require a Criterion-A event
- There are unique symptoms not captured by PTSD and Depression*

*Litz, B. T., Plouffe, R. A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., ... & Moral Injury Outcome Scale Consortium. (2022). Defining and assessing the syndrome of moral injury: Initial findings of the moral injury outcome scale consortium. *Frontiers in psychiatry*, *13*, 923928.

The Moral Injury *Syndrome*: Domains of Impact*

- **Alterations in self- and other-perception:** Disruptions in how individuals define themselves or the world with respect to what they or others *are capable of in terms transgression.*
- **Alterations in moral thinking:** Changes in moral thinking, which entails judging the self or others moralistically and with condemnation (self-censure, grievance, embitterment..).
- **Social impacts:** Alterations in degree of comfort with others, connectedness, social acceptance / belonging, and changes in the frequency and quality of engaging with others.
- **Emotions / moods:** Predominant, pressing, and easily triggered *moral emotions.*
- **Self-harming / sabotaging:** Deliberate and non-deliberate behaviors that negatively impact functioning, and impair health, personal safety, and quality of life / overall wellbeing.
- **Changes in beliefs about life meaning and purpose:** Alterations in individuals' religious or spiritual beliefs.

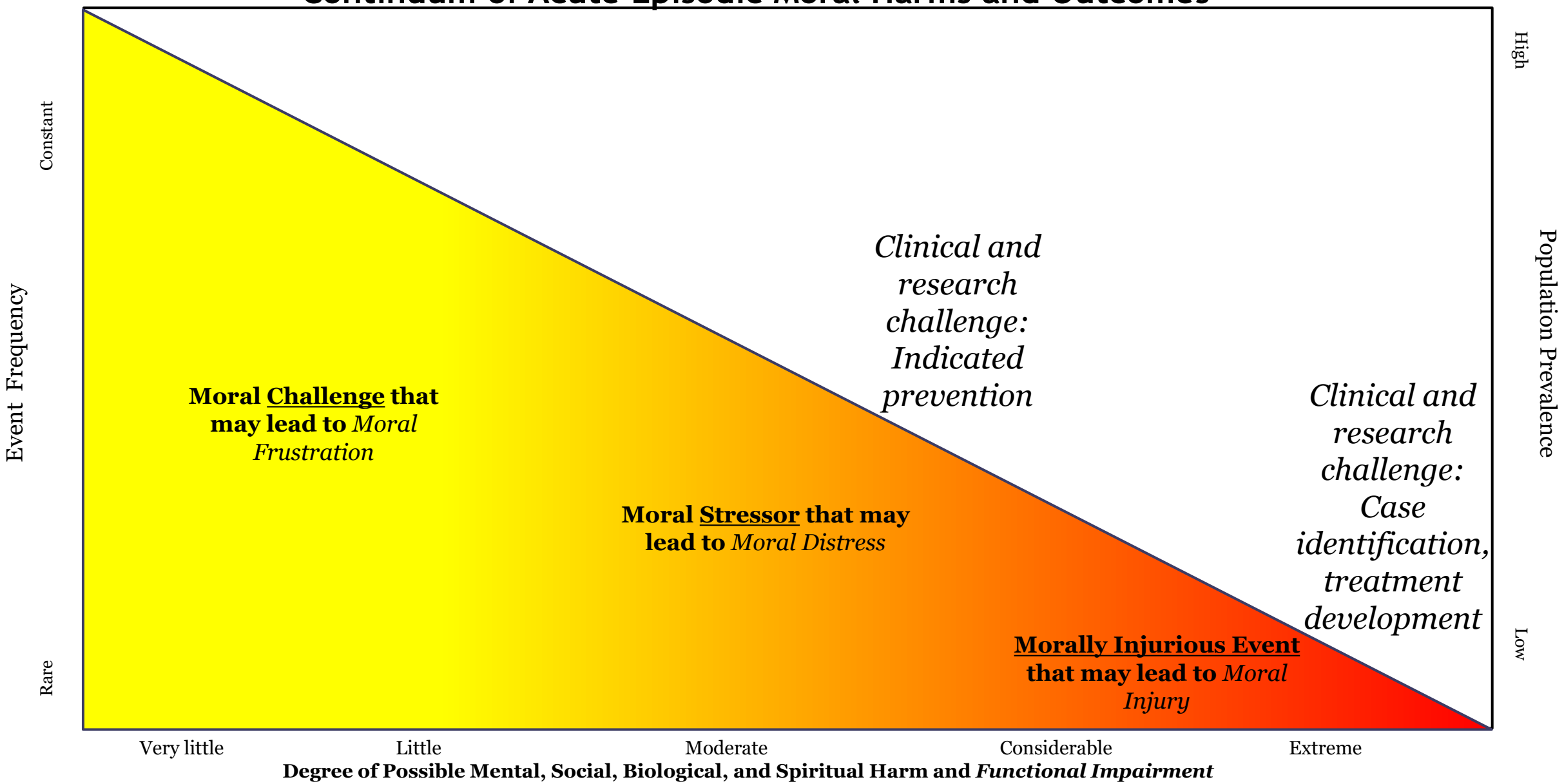
*Litz, B.T., Plouffe, R.A., Phelps, A., Nazarov, A. Murphy, D. Phelps, A., Coady, A., Houle, S., Levi-Belz, Y., Dell, L., Frankfurt, S. Zerah, G., Levi-Belz, Y. (2022). Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium. *Frontiers in Psychiatry*, *13*, 923928.

Moral Injury Outcome Scale*

In the past month, how strongly would you agree with the following statements:	*Strongly Disagree*	*Disagree*	*Neither Agree or Disagree*	*Agree*	*Strongly Agree*
1. I blame myself. (SR)	0	1	2	3	4
2. I have lost faith in humanity. (TVR)	0	1	2	3	4
3. People would hate me if they really knew me. (SR)	0	1	2	3	4
4. I have trouble seeing goodness in others. (TVR)	0	1	2	3	4
5. People don't deserve second chances. (TVR)	0	1	2	3	4
6. I am disgusted by what happened. (TVR)	0	1	2	3	4
7. I feel like I don't deserve a good life. (SR)	0	1	2	3	4
8. I keep myself from having success. (SR)	0	1	2	3	4
9. There is no higher power. (TVR)	0	1	2	3	4
10. I lost trust in others. (TVR)	0	1	2	3	4
11. I am angry all the time. (TVR)	0	1	2	3	4
12. I am not the good person I thought I was. (SR)	0	1	2	3	4
13. I have lost pride in myself. (SR)	0	1	2	3	4
14. I cannot be honest with other people. (SR)	0	1	2	3	4

*T*he *Moral Injury Outcome Scale* (2021). Litz, B.T., Phelps, A., Frankfurt, S., Murphy, D. Nazarov, A. Houle, S., Levi-Belz, Y., Zerach, G., Dell, L., Hosseiny, F., and the members of the *Moral Injury Outcome Scale (MIOS) Consortium.* MIOS consortium activities were supported in part by VA Cooperative Studies Program Coordinating Center, VA Boston Healthcare System, US Department of Veterans Affairs; Veterans Affairs Australia, Phoenix Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions.

Continuum of Acute Episodic Moral Harms and Outcomes



Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, *32*(3), 341-349.

Moral Injury vs. Moral *Scars*

- The lifespan corrosive impact of repeated high stakes moral harms
- Enduring traits (e.g., grievance/embitterment, entitlement, confirmation-seeking, low self-esteem, detachment, alienation..)
- A far more impactful problem for governments/governing, society, world affairs, and public health
- Likely explains:
  - Intractable deadly conflicts
  - Familial and dyadic conflict
  - Loneliness, intimacy failures, etc.
  - Health and well-being/quality of life
  - Civic/political discourse (e.g., tribalism), and engagement
  - Problems in clinical care
  - Suicide

Biological/Ethological Underpinnings of Morality and Moral Outcomes

- Moral emotions are hard-wired to support reciprocal altruism (the golden rule):
  - Shame is triggered by personal violation of expectations of RA
  - Anger triggered by others' violation of expectations of RA
- In group ("Us) cooperation and help is rewarding
  - Obedience, conformity, generosity, and virtuous behaviors are rewarding
  - Empathy among "US" group members
  - Creates the experience of safety and comfort
- People tend to shun, dehumanize, and fail to cooperate and empathize with non-in-group members ("Them")

Biological/Secular Underpinnings of Morality and Moral Outcomes

- Violators of "Us" promoting behaviors experience stress, fear, and loss of standing, social exclusion/shunning (**becoming a *Them* after being an *Us***)

<u>Moral Injury</u>

- Self-related: "Us" group: "YOU CAN NO LONGER BE ONE OF US!"
  - Internalized as "I CAN NO LONGER BE ONE OF Us"
  - If people cannot count on others to value them and people feel unvalued: Loss of pride, meaning, purpose, belonging
- Other-related: Formerly reliable Us group thwarts or harms a member
  - Alters capacity for social connections to be rewarding and the capacity to value others: Affects safety, belonging, and identity
  - Creates risk for shameless and righteous dehumanizing of the Other

Moral Injury Damages the Sustaining Building Blocks to Personal and Collective Humanity and Quality of Life

- Being part of an "Us": Pride, kinship, belonging; being part of something meaningful, pride in others
- Bankable, caring, trusting relationships at home, work, in communities
- Doing good, expecting good, receiving good

Foundational Assumptions of Adaptive Disclosure*

- For serious transgressions, reassurance *can't negate or invalidate troubling and painful moral truths*
- **Blameworthiness is real in many cases and this reality is the only proper starting place for change**
- Moral *repair* involves acceptance of painful moral truths and exposure to corrective life experience
- Extant therapies ignore social imperatives stemming from violations of Us vs. Them rules and lasting existential impacts

*Litz, B. T., Lebowitz, L., Gray, M. J., & Nash, W. P. (2017). *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury*. Guilford Publications.

Adaptive Disclosure (AD*): Background/Rationale

- Equipotentiality traumas and traumatic contexts problematic
- Need culture-valid change agents to target survivor guilt/sorrow, shame, anger/rage/externalizing
- Trauma in context: Context and culture matter; diverse traumas lead to divergent impacts; bonds and responsibility-taking are immutable
- Emphasize unique culture and ethos (e.g., in military danger as occupational hazard, bonds and leadership double-edged sword)
- Appreciate unparalleled role and demands (e.g., combatants)
- Leverage indigenous (e.g., unit-based) sources of healing and repair
- Different strategies to address danger, loss, and moral injury

Adaptive Disclosure: Additional Assumptions

- Resilience to danger-based stressors
- Traumatic loss and moral injury cause the most lasting scars
- Guilt, shame, sorrow, anguish, anger, aggrievement:
  - Thwarts motivation
  - Not extinguishable
  - Culpability- and responsibility-taking / assigning is sacrosanct
- Loss of faith in humanity or one's own humanity requires a non-reductionist and different approach
- Intrapsychic conflicts are best addressed by *reengagement*, *reattachment*, and *corrective action*
- Treatment is a starting place; need to plan for long term

Clinical Assumptions For Moral Injury and Loss

- Pain means hope: Moral emotions are signs of an intact conscience and self-and other-expectations about goodness/humanity/justice
- Moral injury and loss-related guilt is reparable
- Goal: Reclaim / rebalance goodness in light of badness (self and/or others)
- Clinical strategies:
  - Unburdening the transgression experience
  - Exposure to corrective feedback from compassionate others
  - Reparative learning experiences

Adaptive Disclosure: Loss Strategies

- No substantially different from evidence-based approaches to prolonged grief disorder
- *Exposure / emotional processing of loss*
  - Unearth meaning and implication
- Real-time "empty chair" discourse with lost friend
  - Confession / disclosure of event and impact
  - Feedback from the dead person (forgiveness, call to embrace life, etc.)
- Foster exposure to corrective life experience:
  - Reengagement and reconnection with individuals, family, communities…

Adaptive Disclosure: Moral Injury Strategies

- Unburdening / processing of transgressions
  - Unearth meaning and implication
- Discourse with forgiving compassionate moral authority
  - Confession of events and the aftermath
  - Feedback about the potential for repair
- Foster reparation and restoration of the goodness of the self and others
- Reconnection with various communities

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Iterations of Adaptive Disclosure

- Pilot project*: 6 sessions; generated a manual and book
  - Training about military culture / warrior ethos
  - Personalized, experiential, and homework-based
- 8-session version tested in a non-inferiority trial (vs. CPT; Marines in garrison)**
- Adaptive Disclosure-Enhanced***
  - VA Merit Review multi-site superiority trial (vs. PCT): Functioning outcomes
  - 12 90-minute sessions
  - Letter-writing to victims, etc. (disclosure/confession, current impact, plan)
  - Compassion and mindfulness training
  - Systematized and broadened repair homework
    - Activation, wellness, doing / allowing healing and repairing experiences

*Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., ... & 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, 43*, 407-415.

**Litz, B. T., Rusowicz-Orazem, L., Doros, G., Grunthal, B., Gray, M., Nash, W., & Lang, A. J. (2021). Adaptive disclosure, a combat-specific PTSD treatment, versus cognitive-processing therapy, in deployed marines and sailors: A randomized controlled non-inferiority trial. *Psychiatry Research*, *297*, 113761.

***Litz et al. (under review); Yeterian, J. D., Berke, D. S., & Litz, B. T. (2017). Psychosocial rehabilitation after war trauma with adaptive disclosure: Design and rationale of a comparative efficacy trial. *Contemporary clinical trials*, *61*, 10-15.

Active Treatment Components in Adaptive Disclosure-Enhanced

Intervention	Targets	Change Agents	Desired Change
Compassion Assessment and training	Self- or other- condemnation; disconnection; detachment; rejection of the Other	Loving-kindness meditation and mindfulness	Openness to humanity / human condition, openness
Writing about transgressive harms	Avoidance, incomplete processing, vague/tacit meaning and implication	Exposure: raw emotion-focused retelling, unearthing content and meaning	Insight, awareness of new content and meaning, openness to repair
Experiential processing	Rigid, absolutist, imbalanced self- and other schemas, guilt, shame, resentment	In writing and imagination, event confession/disclosure and feedback from a compassionate / caring moral authority	Positive shifts in meanings/interpretations; < guilt, self- and other-blame, reclaiming goodness
Healing and Repair Plan (homework assignments)	Wellness deficits, dysphoria, disconnection, anhedonia, event-processing	Reparative actions, behavioral activation, wellness routines	Movement towards repair and healing; balancing goodness versus badness

Compassion Training in Adaptive Disclosure-Enhanced

- Mindfulness and loving-kindness meditation training
- Patient directs loving-kindness toward self and others via repetition of compassionate phrases (e.g., “May you be well.”)
- Fosters a shared sense of humanity and connection
- Designed to promote a frame of mind and behavior that counteracts guilt, shame, anger/resentment, and self- or other-disdain (chips away at OTHERNESS)
- Easy to learn and apply

Letter Writing Exercises

Trauma Type	Letters written to:		Content:		
Moral Injury – Self	1. Person who was harmed:	2. Compassionate Moral Authority	Disclosure / confession of event	Impact of event	Plan for repair; how to heal from event
Moral Injury – Other	2. Person/context who harmed you	2. Compassionate Moral Authority			
Traumatic Loss	1. The deceased	2. Compassionate Moral Authority			
Life-threat	1. Trusted leader	2. Compassionate Moral Authority			

Example Letter Prompt

Moral Injury–Self

Please write your thoughts about <u>how</u> the person or people you are writing the letter to were hurt or harmed. Tell him or her (or them) <u>what</u> you did or failed to do. It is important to write about the specific details of what happened, including what you were thinking and feeling when it happened.

AD-Enhanced Clinical Trial

- Randomized controlled multisite trial of AD-E compared to present-centered therapy (PCT; each 12 sessions) in 174 Veterans with loss or moral injury-related PTSD
- Primary outcomes: Functioning, PTSD, externalizing
- AD-E led to greater changes in functioning, PTSD, psychological aggression
- 21% more AD-E cases made clinically significant change in functioning, relative to PCT
- First psychotherapy of Veterans with TL/MI-related PTSD to show superiority relative to PCT with respect to functioning, PTSD, and psychological aggression

Clinical Lessons Learned

- Narratives and the meaning and implication of harms are unfolding
- Enormously difficult to heal and repair broken trust, bearing witness to inhumanity, being the victim of other's bad acts
- Therapists find it hard to acknowledge and sit with existential realities of moral harms
- Existing CBT addresses moral injury with "Yes, but....." (didactic, persuasive); optimal stance is "Yes....., and....."
- Therapy is a starting place; cure is a disease model fantasy
- Therapy needs to be flexible and multimodal

Basic Transcontext Approach to Moral Stress and Injury

- Conceptualize the harm and impact (aided by the MIOS)
- Assess history of and opportunities for doing valued and kindred things (belonging), and being valued
- Goal is to restore faith in personal or collective humanity
- Identify and create opportunities *to do things* that are corrective with respect to good relative to bad beliefs
- Promote action that shifts the balance of good and bad (virtuous behaviors, appreciating the humanity of others)
- Memories and changes in self- and other-schemas are immutable but can be inhibited by new corrective learning

Adaptive Disclosure – Enhanced Manual for Standard Clinical Practice

Microsoft Word Document

Thank you