

MORAL INJURY

ISTSS SPECIAL INTEREST GROUP NEWSLETTER

APRIL 2024



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 International Society
for Traumatic Stress Studies

40th Annual Meeting

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*Advancing Translational Science in
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ISTSS Moral Injury
SIG Facebook Group

MISSION STATEMENT

The Moral Injury Special Interest Group (SIG) aims to bring together clinicians and researchers from across healing disciplines and related fields including philosophy and ethics, military culture and history, and religious/spiritual studies in order to provide a professional home for moral injury discourse and development. In gathering ISTSS members from across these disciplines and the world, this SIG will facilitate a rich scientific conversation and will advance the state of the science in conceptualization, assessment, and intervention for moral injury. Though the concept of moral injury has recently regained a great deal of popular interest, the field is in its infancy. At present, essential conceptual distinctions need refinement and the potential paths to moral healing require paving. Addressing these areas will be the primary objectives of the Moral Injury SIG, and will be approached in the following ways:

- Advocate for rigorous clinical and scholarly work that attends to cultural and contextual factors in this field
- Disseminate high quality scholarship in the moral injury field to ISTSS members and to the broader international community
- Support collaborative exploration of moral injury between members of the SIG, facilitating submission of proposals on moral injury and related topics to ISTSS Annual Meetings and other appropriate venues and nurturing research on moral injury and healing
- Establish and maintain an active SIG listserv to facilitate direct and wide-spread sharing of new and upcoming literature, training, etc. of interest to SIG membership



International Society
for Traumatic Stress Studies

UPDATE FROM THE CHAIRS

Dear ISTSS Moral Injury SIG Community,

Welcome to the Spring, 2024, Issue of our Newsletter! In this issue you will find useful information about training opportunities and research highlights, as well as an original submission by Drs. Stephanie Houle and Anthony Nazarov at the Lawson Health Research Institute in Ontario, Canada. Drs. Houle and Nazarov graciously agreed to be spotlighted and, in addition to their contribution to this issue, answered our questions related to their work in the field of moral injury research. We hope you will find their insight as interesting and helpful as we did.

In the past year, we have been working hard to further the mission of our founding Chairs and grow our community of researchers, clinicians, and mental health practitioners interested in better understanding moral injury and helping individuals through their healing journeys. We are encouraged by the expansion of the topic of moral injury that is already evident. In November of 2023, the 39th annual ISTSS conference saw an unprecedented number of submissions related to moral injury, as well as a pre-meeting institute solely dedicated to a therapeutic modality developed to address the impact of morally injurious events. Presentations, papers, symposia, and poster presentations highlighted the expansion of the application of the term moral injury, efforts to create therapeutic modalities to assist individuals in the hard work of repair, and studies of both the commonalities and the unique aspects of moral injury experienced by different populations of people, such as healthcare professionals, Child Protective Service workers, public safety personnel, and veterans. They also highlighted questions that remain unanswered, such as arriving at a precise and agreed upon definition of the term moral injury, what the scope of such a definition would be, whether or not moral injury can/should be considered a codified diagnosis, and others.

Additionally, and much to our delight, our MI SIG meeting during the annual ISTSS conference, attracted many new attendees and served as a hub for people to get to know each other. It was also a catalyst for the creation of our quarterly zoom meetings. We are pleased to share with you that our first such meeting, which was

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pen to all SIG members, took place on February 9th. Many members were able to attend and contribute. One of the many positive outcomes of our conversation was the idea to explore ways in which we, as a community, can foster the interest of our younger members, including students, in building stronger bonds with our community and how we can support them to present at the ISTSS annual meetings. We are grateful to all who attended and will continue to work on ways to identify opportunities for sharing and connection, including holding more such open meetings. We would also like to encourage you to continue sharing, to remain active members of our community, and to join us again at the ISTSS conference this September.

Lastly, we would like to acknowledge that global events, such as the continued war in Ukraine and the Israeli-Palestinian conflict, have resulted in millions of civilian deaths and a humanitarian crisis on a scale that will continue to reverberate through the fabric of our society. A humanitarian crisis is never also not a moral injury crisis. For all of us, whether directly impacted or witnessing the unfolding dehumanization, disenfranchisement, and famine inflicted on others, coming together toward healing and moral repair will be crucial.

As always, and in the spirit of the focus of this coming September's 40th annual ISTSS conference, we would like to acknowledge those who stood here before us and made our work possible, and those joining us with fresh eyes, energy, and ideas. As they hand off the torch, Dr. Bart Buechner and Ms. Anna Cole, our outgoing Co-Chair and Student Chair, have a few words:

From Bart: It has been a great pleasure and honor to be a part of the vanguard of the study of moral injury as both a phenomenon of scholarly interest, and (more importantly) as an acknowledgement of the lived experience of those who have been impacted by morally injurious events in various contexts. We often feel that things change slowly in the world of trauma studies, and this SIG was created to help make a difference in the recognition of moral injury as a valid part of the trauma landscape. We all owe a great deal to the early leaders of this SIG who exercised courage and commitment in establishing a space where like-

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mindful individuals (practitioners and scholars) could come together to find support and share insights. We are now feeling and seeing the fruits of those efforts, with the expansion of moral injury topics at annual meetings, an increased awareness among both practitioners and clients of what constitutes moral injury, and the beginnings of a differentiation in approaches to therapy and support strategies for those affected. To date, the MI SIG has served as a platform of exchange of ideas within the community, and has chronicled the growing literature in the field. I am particularly encouraged with the felt need within the SIG membership to connect between annual meetings, and look forward to increasing opportunities to create community and expand our presence within the ISTSS community. There is still much need to communicate about moral injury to broader audiences, and consider the society-level impact that knowledge about moral injury may bring. Hopefully, with time, we will be able to support each other in doing this important work.

From Anna: I am filled with a deep sense of gratitude for the opportunity to have been a part of such an enriching community as the student chair. These past two years have been wonderful as I was able to engage meaningfully with our dedicated SIG members and contribute to our collective understanding and exploration of moral injury. I am profoundly thankful for the support, inspiration, and insights I have received, which have greatly enriched my personal and professional growth. The memories and connections I've made will undoubtedly continue to influence me. Thank you for the privilege of serving alongside you all in this work!

We look forward to serving this community with as much passion and diligence as our predecessors as we continue pressing the MI SIG mission forward,

Valentina Stoycheva, PhD

Erika Guzman, PsyD

Andrea D'Alessandro-Lowe, MSc

SPOTLIGHT

DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV



Stephanie Houle, PhD, C. Psych

Dr. Stephanie Houle is a clinical psychologist and researcher with Veterans Affairs Canada and the MacDonald Franklin Operational Stress Injury Research Centre. Her research focuses on the psychological impact of traumatic and morally injurious experiences, with a keen interest in understanding how moral injury research can be applied to advance clinical practice for military personnel, Veterans and their families. Dr. Houle's clinical specializations include the assessment and treatment of operational stress injuries, as well as the treatment of mental health problems for individuals suffering from concurrent physical health conditions.

Anthony Nazarov, PhD, PMP

Dr. Anthony Nazarov is a clinical neuroscientist with a research focus on posttraumatic stress disorder (PTSD), moral injury and social cognition. Prior to joining the Lawson Health Research Institute, Dr. Nazarov was a defence scientist at Defence Research and Development Canada, Department of National Defence, investigating psychological resilience and mental health in Canadian Armed Forces personnel. Dr. Nazarov is interested in using experimental and survey methodologies to explore the interplay between psychological trauma, moral transgressions and well-being. Specifically, he is interested in understanding how we can better identify, treat and prevent moral injury and related OSIs.



DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

Moral injury is a term that has most notably come to represent the impacts of profound challenges faced by individuals in high-stress environments, including military personnel, healthcare workers, and first responders, among other occupations where a sense of duty and responsibility is central. Describing the deep psychological, social, and spiritual turmoil experienced in the aftermath of events that contradict their core moral beliefs and expectations, moral injury delves into the lasting impacts of engaging in, failing to prevent, witnessing, or being directly impacted by acts that betray deeply held moral convictions.

The last decade has seen significant advances in our understanding of how morally salient stressors impact mental health and wellbeing, and for many, the term moral injury has meant the ability to put language to a distinct form of suffering that was until now not formally recognized as being a primary presenting concern. Still, however, many unknowns exist, including how to best identify and assess moral injury in different settings, which treatment approaches are most appropriate when moral injury presents as a feature of a person's psychological distress, and how moral injury may be prevented.

Given the early stages of research on moral injury, we see it as imperative that foundational work in this area be done rigorously. Several of our ongoing projects in this area are therefore focused on improving

understanding of the operationalization, measurement, and clinical utility of moral injury. Early moral injury research was pioneering and paved the way for deeper understanding, however, reflecting on the evolution of the construct, it lacked clarity regarding the core features of moral injury, and early self-report measures are now criticized for their methodological and conceptual shortcomings (e.g., poor construct validity, conflating exposure and distress). This is part of a natural process toward achieving a clearer understanding of the concept, which is anticipated in the evolution of any complex construct; each subsequent study contributed more insights and shed light on further nuances that required exploration and clarification. We recently completed a systematic review and content analysis of over 40 unique scales measuring moral injury and distress, published in *Clinical Psychology Review*. This work represents an important advancement in our understanding of how distress related to moral stressors is conceptualized and measured. In this paper, we provide recommendations for the application, development, and validation of measures of moral injury and moral distress.

Another important consideration for assessment is diagnosis, and debate is ongoing as to how moral injury should be conceptualized relative to existing nosology. In a recent pilot study, we assessed the acceptability and clinical utility of a syndrome conceptualization of moral injury.

DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

Twenty-three Canadian mental health professionals participated in this study, providing their diagnostic impressions and treatment recommendations for clinical cases of PTSD, depression, and moral injury. Most clinicians rated our moral injury description as clinically useful and agreed that it described cases they see in their clinical practice. We tested how access to the syndrome description influenced clinical decision-making, and results showed that agreement on the moral injury case improved with access to the syndrome description, but agreement for cases of PTSD and depression worsened. This first examination of how moral injury may influence diagnosis and treatment decisions suggests that more work is needed to understand how clinicians make diagnostic decisions, and highlights the need to examine both categorical and transdiagnostic models of utility. Next steps for this research include testing a revised syndrome description alongside a wider range of clinical cases, and engagement with clinicians and service users about how moral injury should be addressed in clinical practice.

We also recognize that to appropriately assess moral injury in clinical settings, clients seeking services need to feel comfortable sharing the complexity of their experiences. Numerous factors can influence a client's willingness to seek care and share their experiences, including potential concerns surrounding confidentiality. To this end, we conducted both experimental and qualitative

research with Canadian Veterans to understand barriers related to seeking care for moral injury, particularly focusing on perceptions of confidentiality. Preliminary results highlight additional barriers to seeking care when it relates to moral injury, above and beyond what we would expect in cases of classic PTSD-based trauma.

Lastly, when it comes to preventing moral injury, our understanding is still in the early stages. Some of our work has focused on identifying factors that may be protective against developing moral injury in the aftermath of morally salient trauma; many relate to perceptions of organizational support and trust in leadership. This insight is particularly vital in a landscape where most mental health and psychological resilience interventions are individual-based. Recognizing the importance of systemic and organizational roles in prevention marks a significant stride in broadening our approach beyond individual-centric solutions.

Overall, the intended focus of our research on moral injury research is to provide clinicians, policymakers, and organizations with a clear picture of moral injury's influence on wellbeing, to equip those caring for individuals suffering from this form of distress, and to drive organizational-level solutions related to prevention.

Stephanie Houle, PhD, C. Psych
Anthony Nazarov, PhD, PMP

SPOTLIGHT

DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

We sat down with Dr. Stephanie Houle and Dr. Anthony Nazarov to get to know them and their research and clinical practice better. Here is what we found out:

Q: Can you tell me about your site including its mission, what it provides, and to whom?

The MacDonald Franklin OSI Research and Innovation Centre, located within the Lawson Health Research Institute, is Canada's leading independent research center dedicated to the wellbeing of military personnel, Veterans, and their families. Our mission is to conduct collaborative, innovative, and actionable research to solve emerging challenges in military and Veteran mental health. While our research tackles challenges in moral injury, our research portfolio extends to improving treatment outcomes of operational stress injuries (e.g., PTSD, depression), resilience, identifying solutions to improving health care access, and exploring epidemiological trends, among other topics. We are always open to exploring new collaborations and joint efforts to look for solutions to challenges in military mental health and occupational trauma.

Q: What inspired your work on the topic of moral injury and what led you to serve those suffering after morally injurious experiences?

Stephanie: My interest in moral injury was first inspired by experiences I had with loved ones in my life who I saw struggling in the aftermath of their military and deployment experiences. From these early experiences, and through the development of professional

experiences as a clinician and researcher, it has held true that moral injury represents something particularly salient about how people suffer from occupational stress injuries. Moral injury is a strong example of how damage done to what's most fundamental to our human experience (e.g., our worldview, relationships, meaning, and identity) can be a source of both suffering and strength. What continues to drive my work is the opportunities that understanding moral injury presents to empower individuals, families, clinicians, decision-makers and communities in acknowledging and soothing that suffering, and connecting to sources of strength.

SPOTLIGHT NOMINATIONS

The Moral Injury SIG welcomes nominations for students, researchers, clinicians, and anyone advancing the moral injury field to be "spotlighted" in an upcoming newsletter.

Nominations should include a brief nominating statement and the CV of the nominee. Self-nominations are encouraged. Nomination materials should be sent to the SIG Chairs:

Valentina Stoycheva, PhD
valentina.stoycheva@gmail.com

Erika Guzman, PsyD
drerikaguzman@gmail.com

DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

Anthony: Personally, what drives my work is the realization that the gaps that remain unaddressed related to moral injury have a profound detrimental impact on individuals' lives and the broader sense of community. Moral injury has been somewhat of an enigma in the world of traumatology, with many individuals falling through the cracks because of our ineffectiveness at identifying and supporting those with such experiences. Now that we have a better sense of how to identify and measure moral injury, we need to make a concerted effort to overcome long held structural barriers and dogmas to not only identify truly effective solutions to support those with moral injury but work towards fixing structural issues that contribute to moral injury in organizational settings.

Q: One of your recent publications highlights the need for ongoing development and improvement of measures for MI. Can you share with our readers which measure you found to be most robust for assessing MI currently?

Of the 42 scales of moral distress and moral injury identified in our recent systematic review and content analysis, we found that the Moral Injury Outcome Scale (Litz et al., 2022) is currently the most robust measure of moral injury. This scale has 14 items in addition to sections that assess exposure to different types of potentially morally injurious and traumatic events, as well as

items that assess potential impairments in functioning across a range of domains (e.g., work, relationships). Unlike many moral injury scales so far developed, this scale shows favorable properties across a number of samples, however it has so far only been validated in military populations.



Q: What do you find most challenging about this work at this time? What do you find most rewarding?

Given the relative novelty of moral injury as a construct relevant to formal mental health care, there remain many unanswered questions, which come with many opportunities for misunderstanding. It will certainly take time to arrive at a comprehensive understanding of moral stressors, their impacts, and how these relate to other stressors and mental health difficulties. Another challenge is to appropriately situate our understanding of moral injury in its contemporary context, and to find the courage to seriously examine why moral injury is only coming to the fore of our common discourse at this moment in time. To do this we must ask why certain core features

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DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

of moral injury (e.g., existential and spiritual distress, appropriate moral emotions) were not specifically addressed in the most dominant lines of research effort on traumatic stress, what this might mean about our systems and their biases, and how we may counteract these biases in the future to ensure the complexity of peoples' problems are adequately addressed. This will require an interdisciplinary and open-minded approach to understanding moral injury, a disposition that thankfully many talented researchers and theorists possess.

What is most rewarding about our work with moral injury is that the construct appears to resonate strongly with many people, as evidenced from countless testimonies from Veterans saying they couldn't identify the core of their distress until they were exposed to information about moral injury. The construct has also sparked significant momentum among care providers and support persons, who are interested in refining their own understanding of moral injury in all its complexity, so as to best serve their clients, friends, and patients. Continuing to increase awareness of the impact of moral stressors is likely to continue this trend towards building resilience among individuals and communities.

Q: Describe your goals for your career and your work in the field of moral injury going forward.

Anthony: I hope to continue to bring together the research, clinical, lived experience, and the wider community in addressing the increasingly complex challenges that we face in mental health, including those posed by moral injury. My research is steering towards a heightened emphasis on a dual continuum of mental health and the system-level changes that are needed to not only play a protective role in moral injury, but foster collective flourishing more broadly.

Stephanie: I'm particularly curious about what the recent attention to moral injury says about the way we understand and practice mental health research and policy. My hope is to continue learning about how the intersecting factors involved in peoples' mental health care experiences (e.g., therapist factors, patient factors, contextual and systemic factors) interact to influence their overall wellbeing over the life course. A parallel goal is to contribute to supporting clinicians and other caregivers in addressing the complex challenges moral injury can present.

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SPOTLIGHT

DR. STEPHANIE HOULE & DR. ANTHONY NAZAROV

Q: What other MI projects are you excited about (either your own or work from others that you are looking forward to)?

In the interest of laying a solid foundation for future moral injury research, we are currently conducting a consensus-building initiative, engaging experts and individuals with living experience, to better operationalize the defining elements of potentially morally injurious events. This work will identify key variables that should be studied in support of validating moral injury as well as understanding where moral injury fits in relation to stressor-related problems and other mental health difficulties. From this work, we aim to disseminate a specified research framework and agenda to inspire additional work in this area.

It will also be important to see how research on moral injury is undertaken in different countries and cultural settings, and how this will inform further evolution of the construct and refine our understanding of moral injury's mental health impacts.



ARTICLE SUBMISSIONS

We invite SIG members to submit relevant articles of no more than 500 words. Submissions may be data-driven, descriptive, theoretical, clinically oriented, etc. provided that they are relevant to the field of moral injury. Consistent with our mission to bring together clinicians and researchers from across healing disciplines and related fields, we hope to consider a range of submissions.

Articles should be no more than 500 words (including references, tables, and figures). At least one SIG member should be an author on all submissions, though non-members may contribute in any role. As always, collaborations among members are highly encouraged. Submissions should be addressed to the SIG Chairs:

Valentina Stoycheva, PhD

valentina.stoycheva@gmail.com

Erika Guzman, PsyD

drerikaguzman@gmail.com

Andrea D'Alessandro-Lowe, MSc

dalesa1@mcmaster.ca

TRAINEE SECTION

Welcome to the trainee section! This corner covers various topics that arise as a trainee working with moral injury across disciplines. Every newsletter includes a spotlight and a list of training opportunities. If you'd like to nominate a trainee, spotlight your training site or suggest something else you'd like to see covered here, please email Andrea D'Alessandro-Lowe (student chair) at dalesa1@mcmaster.ca

TRAINING OPPORTUNITIES

The following is an up-to-date list of training sites that offer opportunities in moral injury (clinical, research, or otherwise) within the U.S. If you would like your site listed here, please contact Andrea D'Alessandro-Lowe (student chair) at dalesa1@mcmaster.ca

Training Site	Training Level Offered
Boston VA Healthcare System Boston, MA	Psychology Postdoctoral Fellow *More opportunities available working in Dr. Brett Litz's laboratory
Road Home Program: Center for Veterans and Their Families (Rush University Medical Center) Chicago, IL	Psychology Postdoctoral Fellow *Email Dr. Brianna Werner for information about clinical & research opportunities (Brianna_Werner@rush.edu)
Rocky Mountain Regional VA Medical Center Denver, CO	Psychology Intern & Postdoctoral Fellow *Email Dr. Jacob Farnsworth for more information (jacob.farnsworth@va.gov)
Loma Linda VA Medical Center Loma Linda, CA	Psychology Postdoctoral Fellows via Holistic Mental Health focus area
San Francisco VA Healthcare System San Francisco, CA	Psychology Intern & Postdoctoral Fellow *Email Dr. Shira Maguen for more information (Shira.Maguen@va.gov)
VISN 17 Center of Excellence for Research on Returning War Veterans Waco, TX	Psychology Postdoctoral Fellow *Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)
Central Texas Veterans Healthcare System Temple, TX	Psychology Intern *Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)
VA North Texas Health Care System Dallas-Fort Worth, TX	Postdoctoral Fellows *Email Dr. Wyatt Evans for more information (wyatt.evans@va.gov)

RESEARCH HIGHLIGHTS

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