

MORAL INJURY

SPECIAL INTEREST GROUP NEWSLETTER

VOLUME 1, ISSUE 2



UPDATE FROM THE CHAIRS

Colleagues,

Welcome to Issue 2 of the first volume of our SIG newsletter! Research and discourse on moral injury are rapidly growing around the world, and this SIG is one of the few places available right now where many of the ideas and efforts can converge. It's our hope, too, that this group will become a diverse and dedicated vehicle for discussion around major issues in the moral injury field.

We're already just a few

months from the 2019 ISTSS Annual Meeting in Boston, MA, USA. The full program hasn't been published yet, but it already looks like moral injury will be well represented at the pre-meeting institutes and among the posters. In this newsletter, you'll find information about two pre-meeting institutes on moral injury as well as the title, author names, and a brief synopsis of the our two SIG endorsed posters. Congratulations to Brandon Griffin, PhD and Jessica

Carney, BA, and thank you for your work advancing the field of moral injury! On the same page, you'll see that our SIG meeting is scheduled for Friday, November 15th from 1:30pm to 2:30pm. We hope to see you all there!

At that meeting, we'll be discussing issues surrounding the direction and development of the SIG. We believe it is important for the SIG to have a rotating leadership team to support diversity, fresh ideas, and enthusiasm. At our

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UPDATE FROM THE CHAIRS (CONT.)

meeting, we want to get input on how to best select/elect chairs each year. We also want to discuss whether our SIG would benefit from a Steering Committee or more intentional methods of engaging members in SIG program development and the SIG's role in the emerging moral injury field. Our goal is to promote inclusivity and diversity of the field and to support members in conducted the highest caliber science.

Now, back to this newsletter—

we have a featured article from Dr. Melinda Keenan and her team at The Center for Posttraumatic Growth on healing the broken interpersonal bonds of moral injury. In our Spotlight Section, we are pleased to introduce to you a new member, Chris Antal, DMin, as well as our new student co-chair, Victoria De Hoyos, MA. The Student Section includes information about training programs where moral injury clinical training is available. Finally, check out the research

update for a sampling of articles on moral injury published since our last newsletter.

Remember to take advantage of our listserv for questions, article sharing, or discussion! And we look forward to seeing many of you in November to continue our dialog!

Wyatt, Sheila,
Amanda, & Victoria
Moral Injury SIG Chairs

MISSION

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

HEALING THE BROKEN INTERPERSONAL BONDS OF MORAL INJURY

MELINDA J. KEENAN, PHD, DAVID J. SACHS, LPCC, & LAURA WILLIAMS

Moral injury occurs when people of service are put into situations in which they are unable to prevent harm to others or believe they have perpetrated harm on others. Litz et al. (2009) operationally defined the term Moral Injury as the “The lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.” The term was first coined by Johnathan Shay (1994) when describing the “undoing of character” he observed in Vietnam veterans.

The field of mental health has only begun to recognize the role of moral injury in the suffering of veterans and others. Yet, despite all of the discussion and recent writings regarding the concept, very few interventions have been developed to address moral injury directly. The current evidence-based treatments have been developed to address the symptoms

associated with Post Traumatic Stress Disorder (PTSD), but they do not target the core issues of moral injury including unresolved loss, guilt, and shame. Moral injury often co-occurs with Post Traumatic Stress (PTS), but one condition may exist without the other. We look at them as the “same species, but a different animal”. For us to assist those with moral injury to heal, we must know what we are treating and use the appropriate interventions or we risk making moral injury worse.

Brock (2012), Tick (2005), and Litz, Lebowitz, Gray, and Nash (2016) are among the few who have implemented specific interventions for moral injury to date.

At the Center for Post Traumatic Growth, it is our contention that moral injury is **not a disorder**. Moral injury develops when highly competent and principled individuals (people of service) are repeatedly exposed to

events that violate their deeply held moral values and expectations. It is the most competent, compassionate, and principled people that are the most vulnerable to these kinds of wounds, as these very qualities that help them excel are also what makes them more vulnerable to being morally injured. One of our veterans expressed his internal experience of moral injury this way, **“I feel like I have forfeited my membership card in humanity.”** Moral injury creates a sense of alienation from others and the rest of humanity because one believes they have violated the basic tenets of human conduct regarding how we treat one another. **In short, moral injury stems from broken relationships between people; the severing of human connection through traumatic loss or perceived transgression against others.**

At the Center for Post Traumatic Growth, we have developed a three-phase group

treatment program for treating those with moral injury. If unresolved loss and moral injury stem from the severed relationships between people, then we believe the healing of these injuries must be in relationship with others. We believe two conditions need to be accomplished for healing to occur. The first phase of our program includes a 14-week psychoeducation class, which covers clinical topics on PTSD and Moral Injury, its impact on the individual and families, including dreams and nightmares, grief and loss, guilt and shame, and finding forgiveness. This phase provides the necessary cognitive foundation of understanding and increased awareness, as veterans begin to normalize their experiences and begin bonding in group therapy. One must communicate directly with those lost or harmed, as this is accomplished in the second phase of the 9-month trauma focus group where the veterans write letters directly to the others who were lost or they believe they harmed. Then the letter is read aloud to the group, a community of worthy others, who have walked the same path.

Letter writing allows for direct communication between the individual and those lost or harmed. The letter transcends time, space and dimension. The group provides feedback to the individual about the letter helping the individual to process the event more deeply and to create a new relationship to the trauma narrative and those lost or harmed. The third and final phase of group therapy is termed Aftercare or Post Traumatic Growth, lasting for 12 months. The group remains organic in its unfolding; however, the focus shifts to personal growth and transformation, identifying the 5 traits of post-traumatic growth: *personal strength, new possibilities, relating to others, appreciation of life, and spiritual change*. (Calhoun & Tedeschi, 2006)

How do we know the letters work?

The transformation of individuals lost or harmed nearly always occurs through either a dream or a transformation event. This phenomenon was described by Shay (1994), who stated that providing a narrative can transform distressing re-experiencing symptoms into welcomed memories, allowing

the veteran to gain control of the traumatic recollections; we believe, a reflection of the repair to the interpersonal breach. One veteran we worked with described a transformation dream of his best friend. This veteran had often discussed his buddy, Sam, in session and stated they had become very close because they were both avid fishermen and frequently talked about fishing to pass the time. The veteran witnessed Sam burn to death after a rocket-propelled grenade hit the gun truck he was manning and exploded in flames. This veteran had labeled himself a coward because he thought he had not done enough to save Sam. After reading the letter in which he expressed his feelings for Sam and asked for forgiveness for not saving him, the veteran reported a dream in which he received a card with his name on the front and a smiling picture of Sam on the inside. Sam had written about how much he admired and missed the veteran, and that he was well and happy because he was living on a houseboat surrounded by fish. After describing his dream, the veteran looked into his therapist's eyes and said, "I know where that card came from; it came from Heaven." Notably, this transformation

occurred within the veteran's own spiritual framework and clearly reflects the shifting perception of his feelings of guilt, as well as the reconnection he established with his fond memory of Sam.

As we understand more about moral injury, applications for such an approach, with other populations exposed to trauma, begin to come into focus. We believe that our conceptualization of traumatic loss and moral injury may prove effective for other populations of traumatized individuals given the fact that trauma occurs between people in nearly all contexts. Understanding that any human trauma involving loss and disconnection from self and others deserves patience, depth, and the communalization of trauma for healing. Our program seeks to combat guilt and shame through an affective, psychodynamic, and existential medium, which gets at the root of PTSD and moral injury. We have provided this treatment successfully with survivors of Military Sexual Trauma (MST) and Gold Star families. We are starting to implement our approach with first responders (police,

firefighters, EMTs). Other potential populations include: survivors of terror attacks or mass shootings, victims of natural disasters, victims of violent/hate crimes, victims of political violence, and cases of traumatic bereavement through accident or illness.

If we can begin to offer interventions that address the core aspects of trauma, unresolved loss, guilt and shame (i.e. moral injury). We believe we can reduce the number of those individuals who lose hope and turn to suicide to alleviate their anguish.

References

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- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Tick, E. (2005). *War and the Soul*. Wheaton, IL: Quest Books.

ABOUT THE AUTHORS

Melinda J Keenan, PhD is the director of clinical services at the Center for Post Traumatic Growth (centerptg.org), she is a licensed psychologist in California and has been treating veterans with moral injury since 2001. Direct comments or communications to mkeenan@centerptg.org.

David J. Sachs, LPCC is a licensed therapist in California working at the Center for Post Traumatic Growth and has been treating veterans with moral injury since 2016.

Laura Williams, is a Licensed Professional Counselor in Colorado and an Associate Marriage and Family Therapist in California. Ms. Williams has been a licensed treatment

provider, specializing in trauma treatment, for the past twenty years. Ms. Williams was instrumental in establishing one of the first Veterans Treatment Courts in the country in Colorado Springs, CO.



ARTICLE SUBMISSION

We invite SIG members to submit relevant articles of no more than 1,500 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 2000 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:

Wyatt Evans, PhD

WyattREvans@gmail.com

Sheila Frankfurt, PhD

Sheila.Frankfurt@gmail.com

REGISTRATION OPEN

35th Annual Meeting
November 16-18, 2019
Boston, MA, USA

Register by August 8th to receive the discounted rate!

www.istss.org/am19/registration.aspx

MEMBER SPOTLIGHT



Chris J. Antal, DMin is staff chaplain at the Michael J. Crescenz VA Medical Center in Philadelphia, where he leads the moral injury group together with Peter Yeomans, a staff psychologist. He has ecclesiastical endorsement and final ministerial fellowship from the Unitarian Universalist Association in Boston, and holds a doctor in ministry degree from Hartford Seminary in Connecticut. Chris is husband to Mitsuko and father to five teenage children and they live in Narberth, Pennsylvania.

Chaplain Antal is presenting at the Boston meeting of ISTSS on “Addressing Military Moral Injury in U.S. Veterans through Chaplain-Psychologist Collaboration and Community Engagement.” Find him in the Fairfield Room, November 14, 2019, at 9:45 AM.

Q: What inspired your work in moral injury & led you to serve those suffering after morally injurious experiences?

A: My work has emerged out of my identity a clergyman, Veteran, and citizen, as well as my commitment to live in service to the values of honesty, compassion, fairness, respect and responsibility. For me, ministry is about abiding with those who suffer and being their companion on a quest to create meaning in the midst of suffering. I believe clergy are uniquely positioned to address suffering that has a spiritual and moral dimension, the kind of suffering that often follows morally injurious experiences.

Q: What were some informative learning experiences that impacted your career path?

A: My father served as the medical officer of the U.S.S. Boston, a combat cruiser, and deployed to Vietnam in 1969, and was then a physician in private practice for more than thirty years. He taught me to value public service and professional practice. My mother turned our family home into a bed-and breakfast which I operated with my sister throughout our adolescence. She taught me to value hospitality.

In high school I read Thoreau’s *Civil Disobedience* and visited Walden Pond. Thoreau wrote about “a sort of blood shed when the conscience is wounded” and went to jail rather than pay a war tax. He taught me to think with greater moral sensitivity and seriousness about civic duty in wartime.

In my twenties I began active involvement in religious community and studied abroad. I was in college during the Gulf War and the Rodney King riots. I dropped out and joined a church active in racial justice and peacebuilding. Later I went to graduate school in South Korea and earned a Master’s degree in Korean Studies. I was living in South Korea on September 11, 2001, and during the ensuing years while the U.S. went to war in Afghanistan and Iraq. I learned about the Korean people’s long history of war and invasion, and the residual emotional state of shared suffering they call *han* (derived from the Chinese character 恨). The theologian Suh Nam-dong described *han* as “a feeling of unresolved resentment against injustices suffered, a sense of helplessness because of the overwhelming odds against one, a feeling of acute pain in one’s guts and bowels, making the whole body writhe and squirm, and an obstinate urge to take revenge and to right the wrong—all these combined.” So *han* became a part of my vocabulary before moral injury, and my understanding of *han* has

informed my understanding of, and response to, moral injury. In addition to encountering *han*, I was impressed by other examples of collective responsibility. For example, all South Korean men are required by law to serve three years in the military and those who refuse to serve, even on religious grounds, go to prison.

When I returned to the U.S. in 2003 I was 31 years old and the U.S. had deployed troops to Iraq and Afghanistan. That was when I decided to volunteer for military service as a chaplain, which seemed a path towards shared suffering and the compassionate, fair, and responsible course of action. I spent the next five years enrolled in seminary and clinical pastoral education, gaining the necessary credentials, before I could be sworn in as a military officer and accessioned as a chaplain. In 2008 I received a direct commission and served the next eight years in the Army Chaplain Corps, with one deployment to Afghanistan. Throughout much of this period, I studied under, and worked closely with, Dr. Edward Tick. He taught me to approach certain kinds of Veterans' suffering not as PTSD or even moral injury but "soul distress" and "social disorder." Like me, Dr. Tick has been a student of Asian cultures and religions. Dr. Tick is also a Pipe Carrier in the Lakota tradition of Sitting Bull. He taught me valuable rituals to assist returning Veterans. In my role as an Army chaplain I encountered moral and spiritual suffering in service members and Veterans and experimented with different types of interventions. However, I met pushback from some military leadership who seemed to prefer moral blinders to moral sensitivity and seriousness and balked at the notion military service could produce anything like moral injury. I was released from active-duty and Dr. Tick hired me to work for his organization, Soldier's Heart. The more I began to focus on this work, the more restrictive I found the role of military chaplain, so I eventually resigned my commission. I have found the role of VA chaplain more conducive.

I will briefly mention here one of the most informative learning experiences of my life. Four years ago I went to Japan and participated in the events commemorating 70 years since the U.S. dropped the atomic bombs. While in Hiroshima on August 6, and Nagasaki on August 9, I met *hibakusha*, and experienced the power of sacred time and place, as well as ritual and ceremony, to remember, reconnect, and access depths of suffering beyond words. That experience further inspired me to utilize ritual, ceremony, and other spiritual disciplines to tend the moral pain, soul distress, and social disorder that results from war.

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

A: The most challenging part of this work has been finding U.S. citizens willing to share suffering by paying attention to, and accepting appropriate responsibility for, the negative consequences, moral and otherwise, of U.S. war making.

The most rewarding part of my work has been building community with Veterans, colleagues in chaplaincy and mental health, and community clergy around our collective willingness to share suffering. Since arriving at the VA, I have found a close colleague in Peter Yeomans, a staff psychologist. Together we have collaborated in developing, launching and leading the moral injury group. This local initiative has received broader institutional support through a VA initiative called Mental Health Integration for Chaplain Services (MHICS) and from Michael Russell and his team at the VA Center of Excellence for Research for Returning War Veterans in Texas, who learned about our work when Peter and I presented on it at the ISTSS meeting in Chicago. I've been able to engage the larger religious community through my involvement in a national VA initiative called the Community Clergy Training Program, which includes a significant moral injury

component. Professors and authors Shelly Rambo, from Boston University School of Theology, and Kelly Denton-Borhaug, from Moravian College, have attended our Ceremony in Philadelphia and become vital partners in this work.

Q: Describe your goals for you career & your work in the field of moral injury going forward?

A: I consider myself privileged to work as a chaplain in VA. I'm part of a great team and we have a moral injury practice that is valued and is having an impact so I intend to stay put for the foreseeable future. One goal is to figure out what components of our practice are core, and then figure out the best measurements to capture the change our intervention is producing, build an evidence base sufficient to attract funding, and eventually expand our practice to a multi-site study.

Another goal is to get myself more involved in collegial conversations through membership in ISTSS and the American Academy of Religion. A final goal would be to host more people in Philadelphia who are interested in experiencing our Community Healing Ceremony and learning more about our practice. We have partnered with a local retreat center to accommodate out of town guests. The next ceremony is December 2, 2019. I hope anyone reading this will consider visiting!

NOMINATIONS FOR THE SPOTLIGHT

The Moral Injury SIG welcomes nominations for students, researchers, and 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 addressed to the SIG Chairs:

Wyatt Evans, PhD
WyattREvans@gmail.com

Sheila Frankfurt, PhD
Sheila.Frankfurt@gmail.com

JOINING THE SIG

1. Log in to the ISTSS website as a member
2. Click “Edit Your Profile” on the right side of the page
3. Click the “SIG Choices” tab
4. Check “44 - Moral Injury”
5. Click “Save” – You’re a member!

STUDENT SPOTLIGHT



Victoria De Hoyos, MA is currently taking classes to advance towards licensure at the Masters level and she aspires to obtain a Ph.D. Her research interests include moral injury, aggression and trauma, and examining the link between prior trauma and acts of perpetration. Her clinical interests include crisis intervention, treatment of perpetrators, and delivering culturally-sensitive evidence based treatments for PTSD, intermittent explosive disorder, depression, and anxiety. She is passionate about working with refugees & volunteered last year at the U.S.-Mexico border working with migrant families in crisis.

Q: What inspired your work in moral injury & led you to serve those suffering after morally injurious experiences?

A: I work at a crisis response unit and see the aftermath of a number of traumatic experiences. Overtime, I developed a fascination with the meanings that survivors take away from their experiences. Moral injury caught my attention because those who suffer from it, even when their appraisal of their role is not erroneous, have a strong moral compass and conscience.

Q: What were some informative learning experiences that impacted your career path?

A: Honestly, I've learned a lot from rejection. I always aim high and that comes with the consequence of getting shot down occasionally. The first time I applied to a PhD program, I was told that looking into "trauma" was too broad and needed refinement. I then immersed myself in the literature, attended conferences like ISTSS, and discovered this SIG, which only continues to hone my interests. But had I never been rejected, I may not have learned the term moral injury and be on the path I am now.

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

A: I think the most challenging aspect of this work right now is that there is a lack of consensus on both the definition of moral injury and PMIs. At the same time, the most rewarding part is how relatively new the construct is. I get to see it get molded and fleshed out and it's really quite remarkable to witness.

Q: Describe your goals for you career & your work in the field of moral injury going forward?

A: I hope to get into a PhD program this upcoming cycle. Once I achieve that, I think I would like to join the military and attempt to put Shay's suggestions on deployment and training to prevent moral injury into actionable policy. I am also interested in working with offender populations & continue to explore how I can make that a part of my career path as well.



MEETING HIGHLIGHTS

SIG MEETING

Friday, November 15th from 1:30pm to 2:30pm (Location TBD)

SIG ENDORSED POSTERS

Qualitative Exploration of the Effects of Exposure to Potentially Morally Injurious Events on Parent-child Relationships among Service Members and Veterans

Jessica R. Carney, BA, Alanna Coady, MDiv, Stephanie Ellickson-Larew, PhD, Stephanie Houle-Johnson, MA, Breanna Grunthal, BA, Dominic Murphy, PhD, Wyatt R. Evans, PhD, Kim Murray, PhD, Brett T. Litz, PhD, & the Moral Injury Outcomes Consortium

The results of this qualitative analysis offer preliminary evidence that service members exposed to potentially morally injurious events may experience difficulty with parenting and deleterious effects on their relationships with their children.

Profiles of Moral Pain and Associated Outcomes among Student Veterans

Brandon J. Griffin, PhD & Christian Williams

The purpose of this study was to explore profiles of exposure to potentially morally injurious events that were endorsed as morally painful or distressing and to examine differences in psychological and functional problems that are putatively part of moral injury among student veterans.

PRE-MEETING INSTITUTES

Caring for Veterans with PTSD and Moral Injury at the End of Life

Patricia Watson, PhD & LeeAnn Bruce, PhD, LCSW

Trauma Informed Guilt Reduction (TrIGR): A Transdiagnostic Therapy for Guilt and Shame from Trauma and Moral Injury

Sonya Norman, PhD, Brittany Davis, PhD, Christy Capone, PhD, Carolyn Allard, PhD, & Kendall Browne, PhD

The full program is forthcoming. A list of presentations and posters of potential interest to SIG members will be disseminated via the listserv at least one week before the meeting.

STUDENT SECTION

A big welcome to all of the trainees! We'll be using this student corner to cover various topics that arise as a trainee working with moral injury across disciplines. Every newsletter will include a list of training opportunities (clinical, research, or otherwise). Please find, below, a listing of clinical training opportunities within the U.S. for psychology and psychiatry trainees. If there's a specific topic you'd like covered in these newsletter, please email me directly at Amanda.Khan@va.gov.

Clinical Training Opportunities

The following are a list of sites that offer clinical training in moral injury (i.e., staff are aware of this challenge, seek to address it directly through various interventions, and there's at least 1 didactic on this topic during the year) at the practicum, internship, or postdoctoral fellowship levels.

Site	Location	Training Level Offered
Boston VA Health Care System	Boston, MA	Psychology Postdoctoral Fellow <i>*More opportunities available working in Dr. Brett Litz's laboratory</i>
Road Home Program: Center for Veterans and Their Families (Rush University Medical Center)	Chicago, IL	Psychology Postdoctoral Fellow
Rocky Mountain VA Medical Center	Denver, CO	Psychology Intern & Postdoctoral Fellow <i>*Email Dr. Jacob Farnsworth for more opportunities (jacob.farnsworth@va.gov)</i>
VA Greater Los Angeles Healthcare System via West LA Moral Injury and Women's Clinics	Los Angeles, CA	Psychiatry residents (UCLA, VA); Psychology Intern & Postdoctoral Fellow
Loma Linda VA Medical Center	Loma Linda, CA	Psychology Postdoctoral Fellow via Holistic Mental Health focus area
San Francisco VA Medical Center	San Francisco, CA	Psychology Intern & Postdoctoral Fellow
VISN 17 Center of Excellence for Research on Returning War Veterans	Waco, TX	Psychology Postdoctoral Fellow

MORAL INJURY RESEARCH HIGHLIGHTS

Note: This is not an exhaustive list of articles relevant to the field of moral injury. Listed articles were compiled from a standard database search of keywords. All articles yielded by this search were included.

- Asken, M. J. (2019). Physician burnout: Moral injury is a questionable term. *British Medical Journal*, *365*, 12375-12375. doi:10.1136/bmj.12375
- Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *Journal of Neuropsychiatry and Clinical Neuroscience*, *31*(2), A4-103. doi:10.1176/appi.neuropsych.19020036
- Battles, A. R., Kelley, M. L., Jinkerson, J. D., Hamrick, C.H., & Hollis, B. (2019). Associations among exposure to potentially morally injurious experiences, spiritual injury, and alcohol use among combat veterans. *Journal of Traumatic Stress*, *32*(3), 405-413. doi:10.1002/jts.22404
- Berke, D. S., Kline, N., Carney, J., Yeterian, J. D., & Litz, B. T. (2019). Treating moral injury in military members and veterans. In B. A. Moore & W. E. Penk (Eds.), *Treating PTSD in military personnel: A clinical handbook* (2nd ed., pp. 382-395). New York, NY: Guilford Publications.
- Bremault-Phillips, S., Pike, A., Scarcella, F., & Cherwick, T. (2019). Spirituality and moral injury among military personnel: A mini-review. *Frontiers in Psychiatry*, *10*, 276-276. doi:10.3389/fpsyt.2019.00276
- Chaplo, S. D., Kerig, P. K., & Wainryb, C. (2019). Development and validation of the moral injury scales for youth. *Journal of Traumatic Stress*, *32*(3), 448-458. doi:10.1002/jts.22408
- Currier, J. M., Foster, J. D., & Isaak, S. L. (2019). Moral injury and spiritual struggles in military veterans: A latent profile analysis. *Journal of Traumatic Stress*, *32*(3), 393-404. doi:10.1002/jts.22378
- Davies, R. L., Prince, M. A., Bravo, A. J., Kelley, M. L., & Crain, T. L. (2019). Moral injury, substance use, and posttraumatic stress disorder symptoms among military personnel: An examination of trait mindfulness as a moderator. *Journal of Traumatic Stress*, *32*(3), 414-423. doi:10.1002/jts.22403
- Enemark, C. (2019). Drones, risk, and moral injury. *Critical Military Studies*, *5*(2), 150-167. doi:10.1080/23337486.2017.1384979
- Hooft, F. B. (2019). Legal framework versus moral framework: Military physicians and nurses coping with practical and ethical dilemmas. *Journal of the Royal Army Medical Corps*. doi:10.1136/jramc-2018-001137
- Kelley, M. L., Braitman, A. L., White, T. D., & Ehlke, S. J. (2019). Sex differences in mental health symptoms and substance use and their association with moral injury in veterans. *Psychological Trauma: Theory, Research, Practice and Policy*, *11*(3), 337-344. doi:10.1037/tra0000407
- Kelley, M. L., Bravo, A. J., Davies, R. L., Hamrick, H. C., Vinci, C., & Redman, J. C. (2019). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice and Policy*, doi:10.1037/tra0000447
- Kopacz, M. S., Adams, M. S., Searle, R., Koenig, H. G., & Bryan, C. J. (2019). A preliminary study examining the prevalence and perceived intensity of morally injurious events in a veterans affairs chaplaincy spiritual injury support group. *Journal of Health Care Chaplaincy*, *25*(2), 76.

- 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. doi:10.1002/jts.22405
- Nash, W. P. (2019). Commentary on the special issue on moral injury: Unpacking two models for understanding moral injury. *Journal of Traumatic Stress, 32*(3), 465-470. doi:10.1002/jts.22409
- Pruthi, R. S. (2019). Are physicians faced with burnout? Or 'moral injury'? *Urology Times, 47*(6), 15-16.
- Pyne, J. M., Rabalais, A., & Sullivan, S. (2019). Mental health clinician and community clergy collaboration to address moral injury in veterans and the role of the veterans affairs chaplain. *Journal of Health Care Chaplaincy, 25*(1), 1-19. doi:10.1080/08854726.2018.1474997
- Rimmer, A. (2019). Sixty seconds on moral injury. *British Medical Journal, 365*, 11933-11933. doi:10.1136/bmj.11933
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