

MORAL INJURY

SPECIAL INTEREST GROUP NEWSLETTER

VOLUME 1, ISSUE 3



UPDATE FROM THE CHAIRS: ANNUAL MEETING REVIEW

Dear SIG Members,

Welcome to the third and final issue of the newsletter for 2019! We are pleased to be completing our second year as an ISTSS SIG and to be continuing to grow in diversity and number—118 members! The work being done throughout the world by members of this SIG will become foundational in the field of moral injury.

At our second annual SIG

meeting in Boston this year, we had over 40 people in attendance. Of those, 13 were current members of the SIG and we hope the remaining 27+ are members now or will be soon.

Attendees were primarily in the field of psychology and also included social work, psychiatry, occupational therapy, chaplaincy, trainees from among these fields, and others. We were thrilled to see each and every one of you and hope some meaningful

connections were made by all. During the meeting, we heard from our endorsed poster authors—Jessica Carney, Alanna Coady, and Brandon Griffin. Thank you all again for sharing your work with our group! Then, SIG chairs shared some updates to include two proposals: one about our process for selecting SIG leadership going forward and one for an online ‘moral injury toolbox.’ The latter proposal in particular

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generated some interesting and valuable discussion about the state of the field and the role(s) of this SIG.

After the meeting, we sent a survey to the listserv requesting input on how chairs should be selected to serve the SIG. There was broad consensus that chairs should serve a two-year term with one chair rotating each year to ensure continuity. There were two camps with regard to *how* new chairs will be selected. Of the 17 responses we received, 10 (59%) indicated preference for having the current chairs select from among applicants. Seven (41%) indicated preference for election by full membership. Remaining open to possible changes in the future, we will move ahead having the current chairs select a new chair. A call for applicants will be sent out in fall 2020 and a selection will be made following the annual meeting in Atlanta, GA, USA. This person will begin in the role January 1, 2021.

The *moral injury toolbox* was proposed based on conversations among those in

attendance at our 2018 meeting. We have since learned that we cannot maintain a website separate from the central ISTSS site. We can, however, host resources on our SIG page (with links to external videos and other resources, as needed). The proposal is to begin collating educational material, research articles, assessments, clinical tools, etc. and to establish the SIG page as a hub for those doing work in the field of moral injury. We cannot concisely summarize the full conversation that unfolded in the SIG meeting, but the discourse elucidated several important considerations and helped focus and motivate our next steps. Key points include:

- Begin by collecting/creating resources for *care providers* serving individuals with moral injury. Future additions to the toolbox may include self-help and/or research resources.
- There will be a clear message up front that the

definition of moral injury continues evolving and, given this quality of the construct, understanding and approaches to intervention may change as well. As such, material posted to the site will be evaluated to ensure it is informed by the state of the science and may be re-evaluated at any time.

- To conduct these reviews, a multidisciplinary review committee will be established from among the membership. (We are also exploring partnership with other groups to aid in this process). Initially, this committee will support the development of criteria for submission of material to the toolbox as well as for the evaluation of submissions. This committee will then be charged with ongoing review as well as with developing calls for new training material.

We hope to have formed this committee and developed these submission and evaluation criteria in time to share with you all at the 2020 annual meeting. In the

UPDATE FROM THE CHAIRS (CONT.)

meantime, we welcome and encourage your thoughts, suggestions, and questions—via listserv discussion or in emails directly to the chairs.

In this issue, we have a Featured Article from Jim Helling, LICSW at the International Center for Psychological Trauma. His article, *Moral Injury in Non-Military Contexts: The Case of Elite Sports*, reflects on a highly publicized instance of institutional betrayal in the

U.S. and encourages future research into the issue of moral violations by leadership in sport. Following this article, we are pleased to introduce Dr. Ashley Wilkins in our Member Spotlight. The Trainee Section includes a training site spotlight on the Road Home Program in Chicago as well as a list of programs where there are opportunities for moral injury training. Finally, check out the research update for a

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

We wish you all happy holidays and we look forward to our work together in 2020!

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

MORAL INJURY IN NON-MILITARY CONTEXTS: THE CASE OF ELITE SPORTS

JIM HELLING, LICSW

Rachel Denhollander was betrayed by those whose duty was to care. Denhollander was one of over 350 elite-level female gymnasts sexually assaulted by former Michigan State University (MSU) and USA Gymnastics (USAG) physician Larry Nasser (Jesse, 2018). Nasser now stands convicted of sexually violating 158 young female athletes over a period of 20-plus years, and will serve a life sentence for his crimes. Beyond the breach of trust experienced by young female athletes sexually violated by a medical provider, however, dozens of coaches, athletic trainers, athletic administrators, sports executives, and a university president negligently failed to protect the young women under their care, even after numerous reports had been made by athletes and family members (Hobson, 2018). One of Nasser's victims eventually took her own life. Olympic Gold Medalist Simone Biles and others spoke publicly about the depth of betrayal by USAG that they experienced (Clarke, 2019b). Investigation of the Nasser affair documented a system of "predatory" coaching

and "lax oversight" that allegedly enabled the abuse to continue (Evans, Alesia, & Kwiatkowski, 2016). A US Senate investigative committee found "negligent behavior" among sport administrators and university leaders (Clarke, 2019a). MSU, who employed Nasser as a sports physician, paid \$500,000,000 to settle 333 civil claims made by athletes harmed by the systemic failure to protect their health and safety (Mencarini & Hinkley, 2018). The Department of Education levied a record-setting fine against the university and demanded the resignation of the provost (Green, 2019). Two University presidents and an academic dean had already lost their jobs, one serving a prison term and another facing criminal charges. The evidence also indicates that breaches of institutional duty of care in cases of sexual assault are not unique to MSU. A recent review of reporting on sexual violence in college athletics found a pattern of mishandling sexual assault claims at NCAA Division I institutions that involved not only protecting perpetrators, but also

"protecting their [own] public image" (Mordecai, 2017, p.47).

The concept of moral injury, originally developed to account for the unique psychosocial effects of ethical command failures in military contexts (Shay, 2014), can be usefully applied to other hierarchical leadership systems, including college and Olympic athletics, in order to highlight the responsibility of coaches, administrators, executives and others in positions of authority and responsibility to prevent, acknowledge, address, repair, and block recurrence of maltreatment (Griffin et al., 2019). In his work with combat veterans, Shay found that leadership failures to acknowledge, address, remediate, or prevent recurrence of profound, morally salient events were uniquely injurious to subordinates (Shay, 2003). Leadership-based moral injury has been associated with three concurrent factors: "a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation" (Shay, 1991). The breaches of the duty of care by

MSU and USAG leaders in the Nasser affair indisputably meet these criteria.

Shay's (1991) original definition of moral injury focused on leadership failures that amounted to betrayal within the structure of command. Subsequent study of moral injury distinguished perpetration-based moral injury from harm resulting from leadership betrayal (Jordan, Eisen, Bolton, Nash, & Litz, 2017). Leadership betrayal reflects a breach of trust in systems of authority and responsibility over and above interpersonal violations (Smith & Freyd, 2017). Institutional betrayal has been described as "adding insult to injury" and has been associated with both extreme stress reactions and dissociative processes (Smith & Freyd, 2017). But research indicates that institutional injury and leadership betrayal may actually be better understood as adding injury to injury, inflicting alterations in distinct neurobiological and psychosocial processes not subsumed in the PTSD construct (Barnes, Hurley, & Taber, 2019).

Though the scale and scope of leadership betrayal in the MSU/USAG scandal is without precedent, morally injurious action and inaction by

leaders within athletic hierarchies are familiar to reformers, legal advocates, journalists, and others with knowledge of athletic industrial policies and management practices (Lopiano et al., 2019; Mordecai, 2017; Helling, 2019). Sexual assault, abusive coaching, discrimination, harassment and other forms of maltreatment are far too common and far too often tolerated by sports leaders incentivized to prioritize careerism, public relations, marketing, and competitive or brand-development interests over human needs, equity, and standards of ethical conduct (Lopiano et al., 2018). Leadership bystanding is an emerging term used to refer to institutional betrayals of trust perpetrated through command inaction in the face of institutional or organizational responsibility to respond to morally offensive or repugnant events (Helling, 2019). Strategic cover-ups of sexual violence and the corrupt organizational culture of high-stakes, high-visibility, multi-billion-dollar college and Olympic sports, indicate a need for greater awareness and enforceable accountability for the moral and other psychological harm done to athletes through leadership bystanding and other forms of

institutional negligence (Pettit, 2019).

Advocacy for reform in NCAA and United States Olympic Committee programs, policy changes in professional sports leagues, civil litigation, and research in traumatic stress studies, are all contributing to a growing recognition that the duty of care in athletic systems includes responsibility for attending to athlete mental health needs, including potential or actual occurrence of moral injury. A recently published International Olympic Committee consensus statement on athlete mental health includes landmark language linking administrative responses to traumatic athlete maltreatment with health outcomes (Reardon et al., 2019). More research is needed to explore the prevalence of moral injury in athletic systems at the youth, collegiate, Olympic, and professional levels. Standards of coaching practice, NCAA regulations and guidelines, and IOC policies can all be updated with explicit attention to evidence indicating the pernicious effects of potentially morally injurious business practices and priorities. Legislative oversight of the sports industry, recently focused on protecting the human and commercial rights of US college athletes, may also

have a role to play in establishing stronger legal protections for athletes operating within powerful, hierarchical systems (Lopiano et al., 2015). Increasing awareness of moral injury in this evolving discussion can help alert athletes, coaches, administrators, and stakeholders to the importance of proper systemic responses to maltreatment of athletes as part of the institutional duty of care. Additional research can also provide a conceptual and empirical basis for legal and other action to hold those systems and their agents accountable for leadership betrayal. In sum, institutional betrayals and leadership bystanding are not unique to military command systems. While further research, clinical, and policy attention to perpetration-based moral injury are important, continued work on leadership betrayal both within and outside of military contexts is essential to advance scientific understanding, effective treatment, and legal protection for those who suffer the adverse health effects of institutional failure and inaction.

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ABOUT THE AUTHOR

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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:

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#ISTSS2020

We look forward to seeing you at the
36th Annual Meeting!

November 5-7, 2020
Pre-Meeting Institutes on the 4th

Atlanta, GA, USA
Atlanta Marriott Marquis

MEMBER SPOTLIGHT:

ASHLEY WILKINS, PHD



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

I was inspired to work in moral injury less by a “what” than by a “who.” In graduate school I had the privilege early on to learn about the topic from Dr. Joe Currier. Around the same time, a fellow psychology trainee at my practicum site shared with me some of the moral injury work she was doing with her mentor. I was already interested in trauma work, but was also someone who valued the personal power of religious/spiritual experience and the academics of theology and religious studies. Naturally, moral injury piqued my interest and I avidly followed the growing literature for a few years while I focused in other areas.

On internship I finally had the chance to begin serving those suffering after morally injurious experiences, and I haven’t stopped since. (Actually, I was so interested in moral injury that I negotiated a compromise with the training directors so that my schedule could include training in moral injury!) I have continued because moral injury work just fits: what I am seeing in those I work with, and with who I am as a therapist. To quote a colleague, moral injury work is some of the deepest waters that I swim in as a clinician, and this is why I continue to serve these people. No one should have to swim these waters alone while they are suffering.

2. What were some of the most informative learning experiences that impacted your career path?

Much of what has shaped and formed my career path is relational in nature. Along the way there have been numerous people who taught me, perhaps unintentionally: inspiring teachers and professors with important facts, good books – novels and memoirs alike – that introduced pervasive themes, and friends who vulnerably shared their experiences in community. These people taught me again and again the many ways to value our humanity, our capacity for morality, and our stories. I have learned from mentors who emphasized the value of being a lifelong learner, of truly taking care of yourself, and of examining why you do the things you do, rather than continuing on a path simply because someone said it was the right way. And I have (re)learned as a therapist what it means to deeply value being present with someone’s pain. If I had to sum it up, the learning experiences that most impacted my career path were the moments of human interaction that underscored the importance of everything that is in opposition to moral injury. These are the learning experiences I hope to continue having for many years to come.

3. What do you find most challenging about this work at this time? What do you find most rewarding?

This is such a timely question. One of the challenges I have noticed lately is the difficulty of being in a system where so few providers have a clear working knowledge of what moral injury is, and how it impacts people. There are also so few who have been sufficiently trained in offering spiritually/religiously competent care. Aside from the demands of fielding questions from providers and patients alike I find myself noticing how these gaps in knowledge can compound suffering in those who have experienced moral injuries. And it seems that this parallels some of where we find ourselves as a field. There is still much to learn about moral injury and how to competently provide care for those suffering after morally injurious experiences so that we do not unintentionally further existing wounds.

In contrast and simply put, the most rewarding part of moral injury work is being a part of the healing process. Uniquely from PTSD work, moral injury work intentionally touches the biggest existential questions people have about their own moral beliefs, about humanity, and about how it all fits together. Journeying with someone as they wrestle through these topics is one of the most humbling experiences I have as a clinician, and one that I am most honored to be a part of. At the end of our journey together, as things are clicking into place and individuals are connecting with themselves and their communities, it feels as though changes have been wrought on the deepest level. I can't think of more meaningful or rewarding work as a clinician than to see that kind of deep healing and change.

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

I am a trauma therapist at heart, and now a moral injury therapist at heart too. Looking to the future, I plan to continue working in Loma Linda VA's PTSD Clinical Team. My goals are in line with my clinical interests: to continue learning and honing my skills as a clinician (I will value doing that until I retire), to mentor the next generation of trauma and moral injury clinicians, to connect with others and build communities of clinicians doing this work, and to increasingly collaborate with others who are doing this work through writing, research, and consultation.

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:

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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 will include a spotlight and a list of training opportunities. If you'd like to nominate a trainee or spotlight your training site or if there's anything else you'd like to see covered here, please email Amanda.Khan@va.gov.

TRAINING SITE SPOTLIGHT:



In this issue, instead of a trainee, we are highlighting a training site!

The following interview was conducted by Dr. Amanda Khan with Dr. Brian Klassen who is a clinical psychologist and psychology training director of the Road Home Program: Center for Veterans and Their Families at Rush University Medical Center in Chicago, IL.

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

The mission statement of the Road Home Program at Rush is to: Compassionately serve veterans and their families, providing individualized care and navigation of services to help heal the invisible wounds of war. What this means in practice is that we strive to provide evidence-based treatment for veterans and their families, so we specialize in Cognitive Processing Therapy, Prolonged Exposure, and other CBT-based treatments as a staff. We are fortunate to have an interdisciplinary team that includes an art therapist, mindfulness instructors, two chaplains, nutritionists, yoga instructors, an acupuncturist, nurses, and psychiatrists. Road Home Program has treated roughly 3,000 veterans since starting in 2014. Road Home Program maintains a traditional mental health outpatient clinic that serves Chicago and the surrounding areas (some veterans drive from as far away as Michigan), but we are most known for our three-week intensive outpatient program (IOP) for PTSD related to combat or military sexual trauma. The IOP is part of the Wounded Warrior Project-funded Warrior Care Network that includes our sister sites at Massachusetts General Hospital, UCLA, and Emory University in Atlanta, Georgia. Road Home has served about 500 veterans in our IOP from all over the country (about 90%+ are from outside Chicago).

2. What sorts of training opportunities are available for trainees interested in learning more about moral injury?

I'd say you learn by doing! Specifically, this is a clinically-focused postdoc that emphasizes intensive PTSD treatment among veterans, as well as some active duty service members. As you might imagine, experiences of moral injury was quite common among those we treat (between 30-50% of our population, depending on how it's defined), so I see moral injury as woven into the fabric of what we do clinically.

Although this is primarily a clinically-focused postdoc, we have a huge (and growing) dataset of clinically-relevant data from our three-week IOP. We give the Moral Injury Events Scale as part of our intake, so we have data on roughly 500 veterans at this point. For the postdoc with the right skills and discipline, this could be a marvelous research opportunity! If folks are more interested in learning about our publications and presentations (many of which are moral injury related), I'd encourage them to check out: <https://roadhomeprogram.org/research/road-home-publications/>

Another unique feature of this postdoc is that we have many opportunities for outreach to professionals, the public, as well as veterans about moral injury. For example, a number of our psychologists regularly present in the community and teach medical and nursing students at Rush about moral injury in veterans as well as health care providers.

3. What types of mentorship and didactics are available?

We have gotten good feedback from previous postdocs about the frequency and quality of supervision that's offered, especially around effective use of Cognitive Processing Therapy. Postdocs participate in group and individual supervision, but are also supervised during IOPs on their use of CPT with individual veterans. Although it seems like overkill, we've found that postdocs become excellent providers of CPT over the course of a year and are certainly capable of independently practicing at a very high level. Something we are trying to move towards is having our postdocs participate in department-wide postdoc seminars on professional development and other topics of interest. Also, postdocs regularly participate in our staff-wide clinical trainings. Over the years we have had outside experts lead trainings on CPT, Motivational Interviewing, Dialectical Behavior Therapy, and other evidence-based approaches.

4. What skillsets are you looking for in potential candidates?

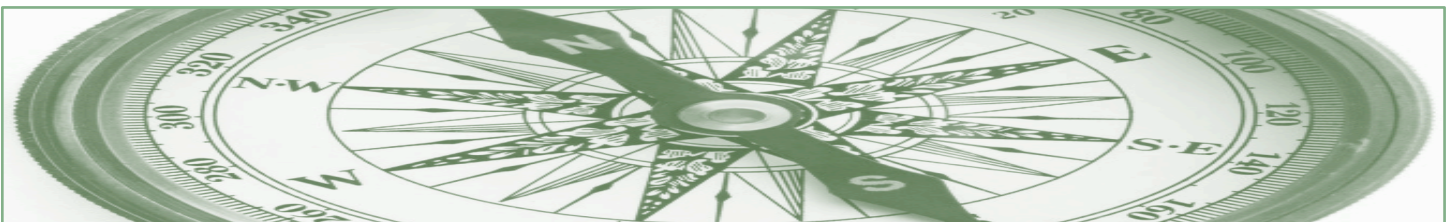
A more general attribute we look for is flexibility. Road Home is a growing program that is constantly changing. I want to be clear that this might be a frustrating environment for some, but others might thrive on the energy and creativity. I think a scientist-practitioner background will be important, given our location in an academic medical center. And, lastly, a good knowledge of Cognitive Processing Therapy is important to hit the ground running, but also a desire to know how to apply the treatment in an intensive setting.

TRAINING OPPORTUNITIES

The following is an up-to-date list of sites that offer opportunities in moral injury (clinical, research, or otherwise) within the U.S. for trainees.

If you would like your site listed here, please email Amanda.Khan@va.gov.

Site	Location	Training Level Offered
Boston VA Health Care System	Boston, MA	Psychology Postdoctoral Fellow <i>*More opportunities in Dr. Brett Litz's lab developing a measure of MI and testing treatment approaches</i>
Road Home Program: Center for Veterans and Their Families (Rush University Medical Center)	Chicago, IL	Psychology Postdoctoral Fellow <i>*Email Dr. Brian Klassen for information about clinical & research opportunities (brian_klassen@rush.edu)</i>
Rocky Mountain Regional VA Medical Center	Denver, CO	Psychology Intern & Postdoctoral Fellow <i>*Email Dr. Jacob Farnsworth for more information (jacob.farnsworth@va.gov)</i>
Loma Linda VA Medical Center	Loma Linda, CA	Psychology Postdoctoral Fellows 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
VA North Texas Health Care System	Dallas-Fort Worth, TX	Psychology Extern, Interns, and Postdoctoral Fellows <i>*Email Dr. Wyatt Evans for more information (wyatt.evans@va.gov)</i>



MORAL INJURY RESEARCH HIGHLIGHTS

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