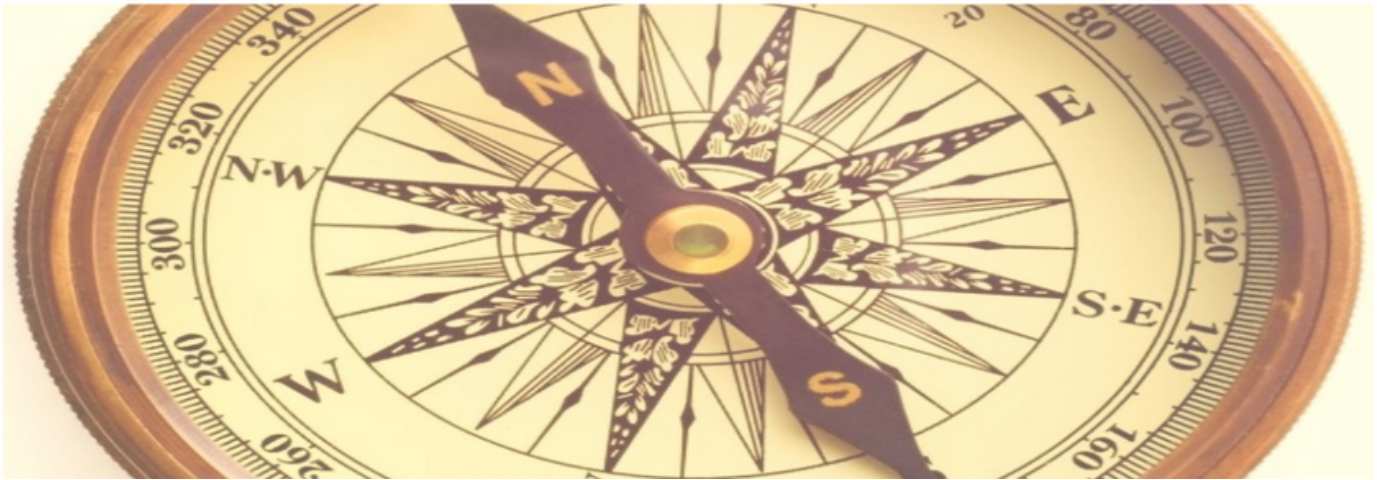# MORAL INJURY
Special Interest Group Newsletter

UPDATE FROM THE CHAIRS

By Amanda Khan, PhD and Bart Buechner, PhD

Dear ISTSS Moral Injury SIG community,

Welcome to the Spring, 2022 edition of our MI SIG newsletter. In the past years, the conversation about the implications of moral injury as a distinct phenomenon has expanded beyond the military community, to include first responders and front-line health care workers during the global COVID-19 pandemic. The moral dimensions of the current conflict between Russia and Ukraine calls further attention to the long-term aspects of prolonged moral stress. Amidst this context, the mental health community is coming to grips with ways to address this phenomenon systemically, and in individual clinical practice.

We are pleased to introduce our newly-appointed student chairs, Anna Cole and Aubrie Munson, in our spotlight section. Anna and Aubrie are largely responsible for curating and growing the content of this newsletter, and we are grateful to have them aboard!

Our featured article is by Dr. Pat Pernicano, introducing Acceptance and Forgiveness therapy (AFT) as treatment modality for Moral Injury. While there is not a full agreement (yet) on standardized therapies geared towards moral injury, this article lays out some useful distinctions between individualized PTSD treatments and emerging strategies for group work to rebuild broken trust, drawing on attachment theory. We invite your comments and submissions for future featured articles.

If you have not already done so, please check out our podcast on the ISTSS website, "The Systems That Betray Us: How Failures to Protect Can Lead to Complex PTSD and Moral Injury." The podcast features commentary by Dr. Julian Ford on systemic betrayal and Complex PTSD (CPTSD) and Dr. Valentina Stoycheva on systemic betrayal and Moral Injury (MI), with Dr. Amanda Khan, as moderator. You can access the podcast here: https://istss.org/education-research/online-learning/trauma-talk-podcast-series.

ISTSS
International Society
for Traumatic Stress Studies

You are invited to browse (and contribute to) the "research highlights" section, which gives further perspective on the wide-ranging interdisciplinary literature around moral injury. For students, we have a "training opportunities" section which includes available postdocs, externships, and fellowships with connection to the moral injury field.

Lastly, we share the excitement that ISTSS is returning to an "in-person" annual meeting in Atlanta this November….we look forward to seeing you there!

As always, we welcome your thoughts about what is presented here, and want to hear about your work and ideas about what our next steps may be.

Amanda Khan & Barton Buechner
Moral Injury SIG Co-Chairs

IN THIS ISSUE

2022 ANNUAL MEETING

The 38th Annual Meeting for the International Society for Traumatic Stress Studies will be held November 9-12, 2022 (Wednesday - Saturday) at the Atlanta Marriott Marquis in Atlanta, Georgia, USA. This year's theme is "Trauma as a Transdiagnostic Risk Factor Across Lifespan."

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 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

THE ATTACHMENT WOUNDS OF VETERAN MORAL INJURY: RECONNECTING THROUGH ACCEPTANCE AND FORGIVENESS THERAPY (AFT)

By Pat Pernicano, PhD
South Texas Veterans Health Care System

Pernicano & Haynes (2020) developed Acceptance & Forgiveness Therapy (AFT) in 2018 to address spiritual and psychological aspects of moral injury (MI) in a 10-week group therapy program for veterans through a collaboration of mental health and chaplaincy (see Pernicano et. al, 2021). Keenan et. al indicate (p.3), "moral injury stems from broken relationships between people; the severing of human connection through traumatic loss or perceived transgression against others." MI develops in an interpersonal context where core values & beliefs are violated, after which the veteran struggles spiritually and/or psychologically with loss, grief, guilt, self/ other blame, and altered meaning/ purpose. Individual therapy for MI can be beneficial, but group therapy better replicates the social microcosm in which a disruption of trust and attachment took place and resulted in MI. This writer has come to conceptualize MI as a form of attachment disruption that is best resolved through attuned connections with other veterans in group therapy with spiritually and psychologically trained facilitators. AFT allows veterans to pursue acceptance and forgiveness, restore trust, and reconnect to self, others, and spiritual meaning/purpose.

Relational factors contribute to neurobiological integration and attachment from birth forward, including fear modulation, empathy, moral awareness, responsiveness, resonance, attuned communication, and consistency (Cozolino, 2010; Siegel, 2010, 2011). A process of meaning making (limbic-amygdala) begins in the first year of life as the attachment behavioral system develops for survival, security, and relational connection/nurture. When persons of any age experience "threat" such as illness, rejection, abandonment, trauma, danger, or loss, they tend to seek proximity or contact with a trusted attachment figure, often a parent or other loved one, in order to restore homeostasis. Secure adult attachment is reflected in ability to seek relational connections for support and reassurance during emotional or other threat to well-being (Cozzolino, 2010).

In the military, service members train together intensely in groups and internalize values, ideals, and beliefs about what is right or just. Success of these units is grounded in trust of colleagues, respect for the chain of command and commitment to military principles and values. Those in the military develop what might be called a secondary attachment to the military leadership and the unit at a time when they are often far from home and have little access to loved ones. The military becomes "family," and service members give their hearts and allegiance, trusting that the values espoused will be put into action. This attachment ensures purpose & meaning, survival and well-being in the face of whatever danger or risk might come. However, when these secondary attachment figures are dishonest, non-responsive, unreliable, or overly disengaged, attachment security breaks down.

The military encourages teamwork, but not emotional vulnerability, and following a morally injurious event, there may be no safe option for pursuing justice or seeking validation. "Systems of moral beliefs and values represent the glue that holds human relationships and communities together" (Currier & Karatzias,2021, p. 3), and this includes the military community. Relational trust is shattered when the system breaks down due to malfeasance, abandonment, or disregard for one's wellbeing. When service members are labeled as "weak" for their grief/loss or ordered to keep silent by their previously trusted attachment figures, they may have nowhere to turn. When someone engages in (or perceives to be engaged in) "unforgivable" or guilt-worthy actions, he or she is left alone with self-blame, shame, and unworthiness. Like an abused child with no recourse, the service member will blame him or herself for what happened and/or lose faith in others. "Attachments to peers and leaders in battle are intensely powerful and important. Unit members validate each other's experience, provide respite, are protective and supportive, and help maintain humanity. Loss of these attachments is profound, and this results in service members feeling less securely grounded (Litz, 2016, p.103)."

The result is intra- and interpersonal disconnect with loss of purpose and meaning.
Barnes et. al (2019) propose that moral injury and PTSD are often co-occurring yet mechanistically different, i.e., the neurobiology underlying PTSD may differ by index trauma type. Thus, treatment for MI would ideally be guided by non-fear-based neural correlates. PTSD and moral injury are both neurobiological dysregulating; however, recent research indicates that cerebral glucose metabolism differentiates danger- and non-danger-based traumas in those diagnosed with PTSD (Ramage et. al, 2015). Fear-based

PTSD (life threat to self or other) activates the amygdala area with hyperarousal-freeze-fight-flight symptoms which are adequately addressed with cognitive-behavioral interventions, such as Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT). Neurobiological pathways (precuneus regions) implicit in non-fear-based trauma (aftermath, traumatic loss, moral injury by self, moral injury by other) are associated with sensory memories, spiritual/existential issues, attachment, self-deprecation, anxiety, depression, relational trust, grief and loss, self-blame, complex trauma, guilt, and shame (Barnes et. al; Nordstrand et. al; Ramage et. al). Cognitive behavioral interventions are not sufficient to resolve symptoms that stem from relational trauma and moral injury.

Currier and Karatzias (2021) write (p. 4), "keeping with Litz and colleagues' (2009), it seems unlikely that a consensus understanding of moral injury will not entail re-experiencing, avoidance, and/or hyper-arousal issues of some sort." However, the re-experiencing, avoidance and hyperarousal may well be clinically and neurobiologically different in MI and fear-based PTSD. PTSD re-experiencing brings fear, anxiety, and avoidance of perceived "danger" with the goal of self-protection & survival, and PTSD stuck points relate to faulty beliefs about causality and future safety. Moral injury re-experiencing brings profound grief, relational guilt, anger, regret, and/or shame as opposed to the fear-based adrenaline response of fight-flight.

It follows logically that interventions for MI must differ from those for fear-based-PTSD, be interpersonal in nature, and focused on restoration of trust and attachment bonds with self and others. Creative, "out-of-the-box"

interventions, with interpersonal, experiential, and spiritual components may facilitate new understanding and neuro-integration in those with non-fear-based trauma. Specifically, metaphor and story have been shown to have neurobiological benefit for those with interpersonal or intrapersonal trauma.

AFT was developed as a trauma-informed process-oriented interpersonal group therapy. Siegel (2010) indicates (p. 55) that in therapy, "presence permits us to be open to others, and to ourselves." Being attuned with one another allows veterans to restore coherence, resonance (with vulnerability & humility), and harmony. In moral injury therapy, veterans feel heard and seen by others with whom they identify and come to trust. Per Siegel, this changes the person from within, and there is a move from "me" to "we" through a shared experience. Caring, attuned therapy edits and re-edits emotional memories and leads to neurobiological change through co-constructed narratives (Cozolino,2010).

Acceptance and forgiveness are restorative, whereby veterans learn that what happened in the past need not define who they are in the present, that they are "more than" the morally injurious incident, and that they can honor the past by living fully now.

Acceptance…
- Of what "is" that you can't change
- Of self as fallible and vulnerable
- Of negative outcomes in spite of good intentions
- Of self as cruel, angry, losing perspective at times
- Of others: mistakes, betrayal, poor decisions, selfish intent
- Of "fluke" events or natural disasters that could not be prevented
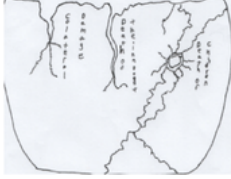- Of living when someone else was injured or died
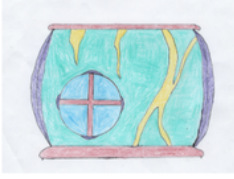
Forgiveness…
- Of the universe or higher power for natural disaster, fluke accidents, random events, unpredictable negative outcomes
- Of yourself for commission or omission: faulty judgment, fatigue, error, powerlessness, violating values or standards, intentional or intentional harm, etc. "I am more than my offense."
- Of someone else for error, cruelty, faulty judgment, betrayal, unfair treatment, intentional or unintentional harm, etc. "I no longer want them to control my life."

Acceptance & Forgiveness Therapy (AFT) has been well received by veterans at South Texas Veterans Health Care System, with clinically significant reductions in anxiety, depression, and global distress (BSI-18), improved flexibility, and restored purpose and meaning (see Pernicano, Wortmann, & Haynes, 2021, for detailed program description and outcomes). Veterans engage in self-representation (of trauma impact, perceived brokenness, hope, and restoration), weekly practice assignments, and structured sharing. Story, metaphor, and drawing facilitate vulnerability and self-disclosure. Teams of mental health chaplains and mental health therapists guide veterans through psychological and spiritual activities to name their pain, lament, address grief and guilt, describe impact, accept reasonable ("right-sized") responsibility, pursue forgiveness, and hear one another's stories in a confession-like format with a non-judgmental ritual of forgiveness. As such, interpersonal bonds (human and spiritual) broken in MI are restored in a group context where veterans "feel felt" (Siegel, 2010, p. 59) and are able to edit their personal narratives in meaningful ways (Cozzolino, 2010).

Appendix:
Here are examples of veteran depictions of the self, moving from trauma to restoration/hope (Pernicano et. al, 2021)

"The bowl is in the form of a map, I labeled places where I had the worst damage. You can see the top rim is worn away. There are serious pressure cracks running into the bowl. A lot of collateral damage. It's broken my heart. Death of innocents. The crack that looks like a bullet hole is the wound that never heals."	"This is a new re-building, a work in progress. I am mixing gold and patching it with different materials. It has a new base which is my foundation. The rim is strong, showing durability. I picked the colors: mahogany of the cross, grape purple, green water. They show my religious faith, my hope is in God. The bowl is a symbol of hope, like a stained-glass window."
"The first one is me, in front of a mirror. Outside the mirror is how the bowl appears to everyone's eyes. In the mirror, you see the cracks and flaws in the reflection. This is what I see in my own eyes. By the end of the group, I would like to be able to see myself more like my wife sees me."	"Like in the story, it has been melted down and reshaped into a whole new bowl. There are some shards of glass that have been fused into it, from the previous bowl."

Acceptance and Forgiveness Therapy (cont'd)

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ARTICLE SUBMISSIONS

We invite SIG members to submit relevant articles of no more than 2000 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 addressed to the SIG Chairs:

Amanda Khan, PhD
Amanda.Khan@ucsf.edu

Barton Buechner, PhD
bbuechner@adler.edu

SPOTLIGHT: NEW STUDENT CO-CHAIRS

Anna Cole, M.A.

Anna Cole is a second-year clinical psychology Ph.D. student at the University of Nevada, Reno. Prior to her doctoral studies, she completed her B.A. at the University of Mississippi and M.A. at Northern Arizona University. Broadly, her research interests involve identifying mechanisms that contribute to the onset of anxiety and stress-related disorders, as well as risk and resilience factors for post-traumatic stress disorder (PTSD). She is also interested in developing augmentations to exposure therapy to improve outcomes. Currently, she is interested in the role of social support in the etiology and maintenance of PTSD. In her free time, Anna is an avid plant collector, lover of college sports, and dog mom to two Great Danes, George and Ivy.

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

Although I have always been interested in trauma-related constructs, the origin of my interest in moral injury lies in the study of how moral emotions, such as disgust, can influence the onset and maintenance of PTSD. The (fairly limited) work on self-disgust and moral injury is what first really interested me in this area, but more recently due to the COVID-19 pandemic, I became interested in how healthcare workers are experiencing moral injury.

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

Being involved in disgust research heavily influenced my research interests and was my first real introduction to clinical psychology research. This experience coupled with the research I have carried out in my graduate studies has cemented my passion for research. Beyond this, the learning and growth I have experienced since beginning clinical work in my doctoral program has significantly influenced my career goals.

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

It is both challenging and thrilling to be doing moral injury research at this moment. This is particularly the case around defining moral injury as a construct separate from traditional conceptualizations of PTSD. I have found it immensely rewarding to contribute to this line of work, for example, by presenting my research on the longitudinal associations between moral injury and various psychopathologies in healthcare workers during the pandemic at the 2021 ISTSS conference.

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

I hope to continue doing moral injury research throughout my career, particularly mechanistic research or determining the varying impacts of moral emotions in the onset and

maintenance of moral injury. These research questions all work towards the end goal of helping to alleviate the psychological pain of moral injury.

SPOTLIGHT: NEW STUDENT CO-CHAIRS

Aubrie Munson

Aubrie Munson is currently a second-year MS psychology student at Arizona State University. She received her undergraduate degree from California State University at Northridge. Her current studies focus on individuals with a history of interpersonal trauma and their feelings and amounts of touch behaviors. She will be applying to PhD programs for entry Fall 2023 with the goal of continuing her studies with trauma, post-traumatic stress disorder (PTSD), and complex PTSD. Aubrie also plans to incorporate moral injury into her future studies. She currently volunteers as a Crisis Counselor for the Crisis Text Line. In her free time, Aubrie has been working to train her dog in Search and Rescue.

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

As someone who aspires to work at the VA after receiving a PhD, I think it's vital to understand moral injury and its effects on various populations.It's important to learn more about moral injury and to disentangle it from PTSD to develop better treatment plans for patients.

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

Collaborating with different researchers and attending the ISTSS virtual conference in 2021 cemented my passion for research. My plans to be a practitioner haven't changed, but I want to continue research throughout my career.

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

Because people in the field don't currently agree upon a construct and definition for moral injury, it is difficult to review measures to determine the extent to which individuals are affected by it. It's vital to come up with an

agreement so we can develop better treatment plans to help individuals heal from moral injury.

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

I would like to help better understand moral injury and how it differs and overlaps with post-traumatic stress disorder. Additionally, I would like to work to implement a standard moral injury measure at VAs across the country, to help ensure practitioners are correctly identifying moral injury and treating patients accordingly.

SPOTLIGHT NOMINATIONS

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:

Amanda Khan, PhD
Amanda.Khan@ucsf.edu

Barton Buechner, PhD
bbuechner@adler.edu

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!

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 or spotlight your training site or if there's anything else you'd like to see covered here, please email Amanda.Khan@ucsf.edu

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@ucsf.edu

Site	Location	Training Level Offered
Boston VA Health Care 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. Brian Klassen for information about clinical & research opportunities (brian_klassen@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 Health Care 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
VA North Texas Health Care System	Dallas-Fort Worth, TX	Psychology Externs, Interns, and Postdoctoral Fellows **Email Dr. Wyatt Evans for more information (wyatt.evans@va.gov)

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