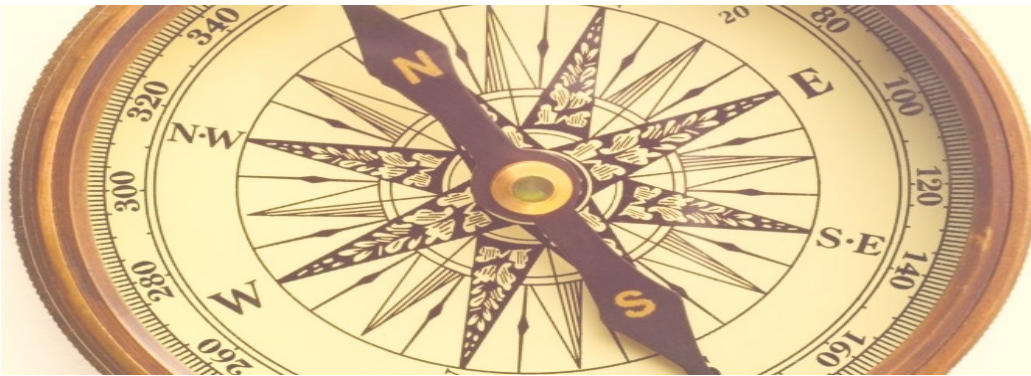


# MORAL INJURY

## SPECIAL INTEREST GROUP NEWSLETTER

VOLUME 2, ISSUE 1



## UPDATE FROM THE CHAIRS

Dear Moral Injury SIG  
Community,

We hope this newsletter finds you well and at ease. As we sit here writing this issue, we are reflecting on how much has changed since our last issue went out in December. As a result of the COVID-19 pandemic, many lives have experienced great upheaval and there is only uncertainty as to when that upheaval will end. During these uncertain times, the trauma community is being asked to provide guidance to others on how to cope with this unfolding situation. While we may be

equipped to offer this guidance, we also can benefit from practicing these recommendations ourselves. It has never been more important to come together as a community to hold our collective fears and losses and build a sense of hope.

To support the well-being of our members and those within our networks, we've collated several resources and tools (page 3) for front line workers and healthcare providers. Among others, these include links to webinars, online stepped guides for approaching acute trauma, a moral injury

workbook, and professional guidelines for providing care in the current crisis.

In this issue, you'll also find a Featured Article from Dr. Bart Buechner on the application of social construction, neuroscience, human development, and moral imagination in addressing moral injury. Following this article, we are pleased to introduce two of our members leading the moral injury field in Australia: Dr. Andrea Phelps (Member Spotlight) and Nikki Jameson (Trainee Spotlight). The Trainee Section also includes a list of

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## UPDATE FROM THE CHAIRS (CONT.)

programs where there are opportunities for moral injury training. Finally, check out the Research Highlights for a sampling of articles on moral injury published since our last newsletter.

We wish you all safety, grounding, and good health and we look forward to continuing to work together throughout whatever 2020 may bring.

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



### IN THE TIME OF PANDEMIC

And the people stayed home. And read books, and listened, and rested, and exercised, and made art, and played games, and learned new ways of being, and were still. And listened more deeply. Some meditated, some prayed, some danced. Some met their shadows. And the people began to think differently.

And the people healed. And, in the absence of people living in ignorant, dangerous, mindless, and heartless ways, the earth began to heal.

And when the danger passed, and the people joined together again, they grieved their losses, and made new choices, and dreamed new images, and created new ways to live and heal the earth fully, as they had been healed.

— *Kitty O'Meara*

### 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

## RESOURCE LIST FOR FRONT-LINE WORKERS AND HEALTHCARE PROVIDERS DURING COVID-19

*Healthcare providers and front-line workers are faced with numerous challenges at the moment. These include fear and uncertainty of their own physical integrity and the subsequent risk for their families, ever-changing recommendations from leaders and supervisors, high and increasing hour demands, managing elevated psychological distress and psychosocial changes in current patients, and having to make distressing and difficult moral and ethical decisions. Below is a list of resources and tools that may be helpful in navigating these circumstances:*

1. **Anxiety and Depression Association of America's** free guide of a phase-based approach on supporting mental health of healthcare workers and others affected by COVID-19. [CLICK HERE](#)
2. **American Psychological Association's** free guide of resources for psychologists, healthcare workers, and the public. [CLICK HERE](#)
3. **UCSF Healing Moral Distress, Moral Outrage, and Reducing Burnout Webinar** for front-line workers and other healthcare providers. [CLICK HERE](#)
4. **United Nations Office for the Coordination of Humanitarian Affairs' "Note On Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak"** including decision points on cultural considerations and providing intervention. Resources available in over 15 languages. [CLICK HERE](#)
5. **Anxiety and Depression Association of America's** free webinar series on providing mental health services to frontline workers. [CLICK HERE](#)
6. **UCSF Psychological First Aid Strategies Webinar** for front-line workers and other healthcare workers. [CLICK HERE](#)
7. **American Psychiatric Association's** guides for providing mental health treatment to patients and frontline workers. Most of the guides and/or webinars are free. [CLICK HERE](#)
8. **World Health Organization's** Guide of considerations for general population, healthcare workers, & leaders of organizations, special populations. [CLICK HERE](#)
9. **Psych Hub's** free resource guide for mental health providers on managing patients and changes in risk behaviors, teleworking, and more. [CLICK HERE](#)
10. **The Moral Injury Workbook** has been released early (e-book version) to provide a resource of healthcare providers struggling in the midst of moral distress related to providing care during the COVID-19 crisis. [CLICK HERE](#)
11. **The Shay Moral Injury Center** has centralized several resources related to moral injury a few videos and resources for moral injury among healthcare workers. [CLICK HERE](#)
12. **MANY other** groups and individuals are developing and collating resources for healthcare workers and other with distress, including moral pain, in the midst of this crisis. **PLEASE SHARE: [istss-moral-injury-sig@groups.istss.org](mailto:istss-moral-injury-sig@groups.istss.org)**

# THE APPLICATION OF SOCIAL CONSTRUCTION, NEUROSCIENCE, HUMAN DEVELOPMENT, AND MORAL IMAGINATION IN ADDRESSING MORAL INJURY

*BARTON BUECHNER, PHD*

*ADLER UNIVERSITY*

While we should not expect therapists to act as moral philosophers or clergy, there is an increasing body of cross-disciplinary knowledge that may be useful in guiding counselors, coaches, and other mental health advisors to engage with clients in a process of co-inquiry about possible moral injuries and in collectively imagining ways to respond to them. By considering inter-disciplinary approaches grounded in social systems theory, moral philosophy, human development and neurobiology, we can further envision the work of rebuilding a damaged moral framing to create space to accommodate or re-contextualize troubling experiences, which may have led to the injury. At the root of such approaches is an increased awareness of the social construction viewpoint, in which the experience of reality is based upon certain co-constructed or agreed-upon understandings of individual and collective identity and social responsibility. These include, but are not limited to, Transformative Learning theory, Circular Questioning, and Adlerian psychology.

Adlerian psychology marks a turn from focus on cognitive pathology to healthy engagement in social systems as the locus for mental health development. Although the term

“Moral Injury” came along after the time that Alfred Adler was writing and practicing psychology, it is entirely likely that he was profoundly influenced by the way that war challenges the deeply held ethical and moral values that are fundamental to human beings in society. Adler served in the German Army during World War I, and it was after this time that he re-evaluated much of what he and his colleague, Sigmund Freud, had been teaching about the nature of psychology, and moved towards a more intersubjective and socially-grounded theory. Recent scholars of his work have referred to it as “Indivisible” psychology, meaning that individual persons are inextricably linked with the social worlds that they inhabit, and this approach to therapy bridges cognitive and social constructive perspectives (Watts, Williamson, & Williamson, 2004). From this point of reference, mental health is seen as a socially grounded, intersubjective phenomenon, neither fully individualistic nor wholly collectivistic. The social fabric provides a context that is, for the most part, based upon moral and ethical codes. These moral codes govern the quality of our relationships, and coherence of shared meaning is established in groups. Therefore, the collective space in which we share that meaning, and engage in

communication is a productive place to engage when seeking to understand, analyze, or address moral injury. The ability of individuals to coherently engage in new social contexts or experiences that challenge or conflict with previously accepted norms may depend upon the acquired or developed capacity for interpreting and acting into uncertainty, or liminality (Buechner, Dirkx, Konvisser, Myers, & Peleg-Baker, 2020). Such a capacity is more than a matter of modifying cognitive schemas, but rather is a shift of perspective or worldview, best characterized as a transformative change (Kent & Buechner, 2019).

Transformative learning theory is predicated on a “disorienting dilemma,” which disrupts fixed notions of identity and expected patterns of social engagement. The approach has been advocated and used for some time in personal development and educational settings, particularly those involving adult students. Part of the method involves helping the individual to become more comfortable with being in a state of liminality, in which one’s past meaning structures are no longer relied upon for grounding, while building new social connections and identity that accommodate a new, and possibly enlarged, social reality. (Buechner,

Dirkx, Konvisser, Myers, & Peleg-Baker, 2020). As one way of describing the effect of this approach, the individual engages in a process of development, or shift in worldview and perspective, that makes the previously challenging experience less problematic for them. Part of that process of moral engagement touches on expanding the imagination. There is increasing evidence from the field of neuroscience that gives credence to the role of interpersonal biology in the enactment of social frameworks and the formation of moral codes (Narvaez, 2014.) Among other things, we now know that the moral imagination is located in the right side of the brain, and that collectively engaging the moral imagination, or “communal imagination” is an important part of both personal and social evolution (Narvaez, 2014, p. 118). This suggests that including imaginal activities including creative expression and development of other right-brain functions should also be considered in addressing moral injury.

The transformation of perspective may be an important aspect of working with moral injury, but there is also the practical matter of engaging in social systems. For this aspect, it may be helpful to consider social constructionist theory, and how it has been applied in therapeutic settings. Circular questioning is a social constructivist method that has been employed in family systems therapy. One objective of this approach is to identify and change problematic patterns of behavior, without making judgments or fixing blame on particular individuals. Circular

questioning is based on a practical theory of communication, the Coordinated Management of Meaning (CMM), which lays out heuristic models to help identify and change assumptions and patterns that lead to undesirable outcomes. Like Adlerian psychology, this theory-based approach bridges the individual and the collective viewpoint, shifting focus to the underlying meaning structures. In a practical sense, such a perspective serves to reduce the potential for individual blame or shame for actions one took, did not take, or witnessed. From the perspective of moral injury, it follows that an objective co-inquiry into the patterns of meaning and action that underlie an episode of perceived harm or betrayal can be a first step towards imagining and enacting other possibilities or enlarging the moral imagination.

As a social constructionist approach to mental health, Adlerian psychology engages the imagination as a way of shifting attention from a problematic experience in the past to a process of envisioning a repertoire that opens new future possibilities that are more in line with moral intention. One example, the “acting as if” technique, is typically used to foster new ways of being in the world, based on a jointly re-imagined perspective as defined together by the therapist and client. Part of this process may include developing the ability to view situations from the perspective of others, or acquiring a less culturally dependent worldview, or intercultural competency (Steen, Mackenzie, & Buechner, 2019). This type of re-imagining and expanding moral and ethical frameworks and

meaning schemas can serve as both a therapeutic strategy, and also may create opportunities for a developmental approach to prevention of moral injuries – the logic being that a worldview that is more inclusive and multi-faceted may be less subject to the emergence of moral conflicts and, therefore, less susceptible to injury or damage.

This is only a short introduction to Employing approaches of co-constructive meaning-making as described here involves something more than a personal or internal change of perspective, such as forgiving oneself or others. While objective forms of self-reflection or re-engagement with the morally injurious event might lead to a less emotionally charged connection with the event, and perhaps a different interpretation of its meaning or relation to personal identity, it does not necessarily result in personal growth or change in perspective. Broadening the inquiry to the collective level of consciousness opens up more possibilities for transformative engagement, and possibly enabling a form of posttraumatic growth.

The use of many of these social constructivist theories and concepts has been well documented in educational settings. There is more work to be done in adapting them to specific applications for directly addressing formally diagnosed, acute cases of moral injury. This is important, but at the same time, we should not neglect the potential for engaging the collective imagination by creating space for coming to grips with the stories of moral injury that veterans bring home with them.

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## ABOUT THE AUTHOR

**Barton Buechner, PhD**, is a Senior Adjunct Professor in the MA in Psychology with Emphasis on Military Psychology (MAMP) program at Adler University, and an Adjunct Professor in the Creative Leadership for Innovation and Change (CLIC) Doctoral studies program of the University of the Virgin Islands. He is a member of the Boards of Directors of the Coordinated Management of Meaning (CMM) Institute for Personal and Social Evolution, the National Veterans' Foundation, and the Chris Kyle Frog Foundation.



## 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, ABPP**  
WyattREvans@gmail.com

**Amanda Khan, PhD**  
Amanda.Khan@va.gov

## ISTSS 36<sup>TH</sup> ANNUAL MEETING

Bridging Science & Practice to Reach  
Underserved Communities: Barriers,  
Opportunities, and Innovations

November 5-7, 2020  
Atlanta, Georgia, USA

# MEMBER SPOTLIGHT:

## ANDREA PHELPS, M. PSYCH(CLINICAL), PHD



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

Over my 20+ years working with veterans and emergency responders suffering from PTSD and related problems I've had the satisfaction of seeing great outcomes for many people, using evidence based treatments for PTSD. But I've also experienced the disappointment of knowing that I haven't been able to help some people as much as I would like and as they deserve. When I started reading about moral injury, first through the work of Brett Litz, and then going back to read the earlier work of Jonathon Shay, it was like a lightbulb went on in my mind. Litz and Shay were describing a set of problems that could arise from military deployment that I immediately recognised without previously having had the words to describe. Moral injury is what I had been struggling with in those veterans and emergency responder clients who remained haunted by their experiences; trauma that was related to the experience of betrayal or moral transgression, rather than fear. I quickly discovered that naming the phenomenon was important not only for me, but also for my clients. When I started talking to my clients about the potential psychosocial-spiritual outcomes of betrayal and moral transgression experiences, there was immediate recognition and relief, that they felt understood. In some cases, it led to a shift in the focus of treatment. We are at the beginning of the therapeutic and scientific journey to better understand moral injury and develop effective treatment approaches, and I hope to contribute to this journey.

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

There are of course many, but I can highlight a few key ones. In my undergraduate studies (back in the day!) I did a double major in psychology and sociology. Although I pursued psychology as a career, my grounding in sociology has certainly influenced me to think about the individual in their social and cultural context, making the study of moral emotions particularly appealing.

I began my career as a clinician, and worked for several years in general mental health before specialising in the trauma field. While I found clinical work enormously rewarding – and still do – I recognized the potential to have a broader reach and impact. In my role as Deputy Director at Phoenix Australia – Centre for Posttraumatic Mental Health, I'm involved in training and supervision of mental health practitioners, consulting to industry on best practice approaches to managing trauma in the workplace, providing advice to policy makers in government and conducting research, with posttraumatic nightmares

a particular focus. This role has allowed me to move beyond what can be achieved as an individual practitioner, while still working towards better outcomes for individuals affected by trauma. It has also allowed me to focus further upstream – what can be done in high-risk organisations to increase awareness, prevention and early intervention through an evidence informed approach to the management of trauma in workplaces where there is a predictable risk of exposure.

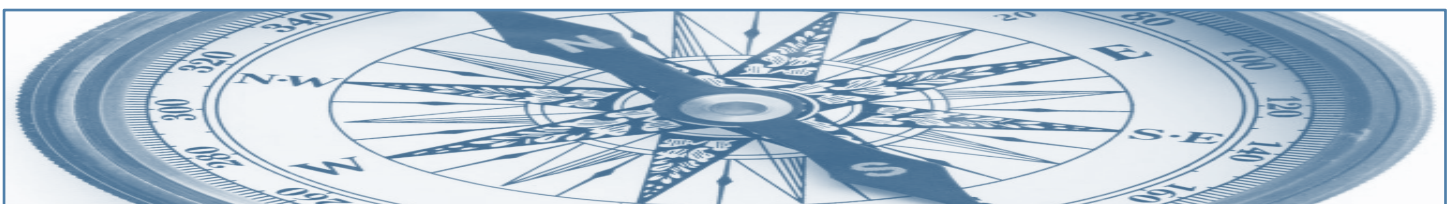
### **3. What do you find most challenging about this work at this time? What do you find most rewarding?**

I think we're at an exciting stage. The attention, creativity and energy going in to efforts to better assess and treat moral injury is enormous. I'm particularly excited to be involved in the international collaboration being led by Brett Litz, to develop a gold standard measure of moral injury. The development of the Moral Injury Outcome Scale (MIOS) has involved a bottom up approach to initial content generation with qualitative interviews of service members, veterans, mental health practitioners and chaplains to better understand the broad phenomena of moral injury outcomes. Undertaking this research in Australia in collaboration with chaplains has also been a highlight.

On the flip side, the challenge is ensuring that as a field, we don't let our conviction in the utility of moral injury as a concept, get ahead of the science. Some critical questions remain; for example, whether moral injury is conceptually and empirically distinct from PTSD and whether it should be considered a potential future psychiatric disorder or should sit outside that realm, given its spiritual/existential dimension. The MIOS will play a critical role in advancing the science through improving reliability of assessments, use in epidemiological research to establish prevalence and use in treatment outcome research.

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

While the concept of moral injury has come from the military, it has application across a broader range of populations including health and emergency service organisations. This has been highlighted during the current COVID-19 pandemic where we have seen a flood of literature, commentary, and media attention on the potential for moral injury amongst healthcare workers faced with systemic and situational barriers to treating patients, and feeling betrayed by employers and government. There is so much work that needs to be done, through research to better understand the nature and prevalence of moral injury in different populations, and working with organisations to better manage risks and mitigate moral injury outcomes for those exposed to potentially morally injurious events in the course of their work. I hope to contribute to this effort at a local level in Australia, as well as through collaborations with colleagues internationally.





# TRAINEE SPOTLIGHT:

## NIKKI JAMIESON, BSW HONS, MSUICIDOLOGY



**Nikki Jamieson (BSW Hons, MSuicidology)** is a Suicidologist and Social Worker in Australia. Nikki has worked across a variety of government departments in Australia in suicide prevention for several years. She is currently pursuing a PhD at the University of New England exploring moral injury (MI) and its relationship to suicide in Australian veteran populations. Nikki currently lives in Brisbane, Australia with her husband Anthony, stepson Blaze, and their beautiful Cavalier King Charles spaniels!

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

My son, Daniel, was a serving member of the Australian Defence Force (ADF) and tragically died by suicide in 2014 whilst serving. Following Daniel's death, my primary focus has been on learning about suicide, especially in veteran populations. To achieve this, I have completed a master's degree in Suicidology, and worked within suicide prevention across varying state government departments. I am currently a doctoral student and my program of research focuses on exploring the concept of MI within ADF members. For my dissertation, I am conducting qualitative interviews with ADF members to identify themes that link MI with suicide. I was recently awarded a scholarship from Suicide Prevention Australia to fund this investigation.

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

My family was working class and instilled strong values of integrity, hard work, and determination from a very young age. I have always had a historical connection to the military; my family serving the royal military service in the UK from the 1600's! My son also served in the Australian Army until his death in 2014. However, one of the most informative learning experiences has come from listening from veterans. Sharing space with these service members and listening to their experiences has fostered a sense of humility and encouraged me to think openly about the construct of MI. This has and will continue to deeply impact my career and research.

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

The most challenging part of this work (aside from the natural challenge in bearing witness to painful narratives) has been navigating different opinions across the various systems involved in veteran care and researching MI and suicide. Another aspect that has been challenging is the journey of pursuing my doctoral degree. I've had to learn that it is a marathon, not a race, and patience is a lesson I continuously return to. Finally, the lack of consensus on how to define MI is also a big challenge. I am currently developing a concept analysis paper that seeks to explore some of the definitional and clarity issues, and my hope is that this will be helpful in identifying important next steps. I find it very rewarding to see others doing great work on MI and I am excited to see how the construct continues to evolve. I also find it very rewarding to be able to contribute to this field and value speaking with media in Australia to get the word out about MI! Finally, I consider myself incredibly privileged to be in the position where I get to hear and try to understand the struggles of veterans and their lived experiences. I feel truly privileged to be trusted and respected by veterans as "part of the family" and I will forever feel honoured and thankful for these experiences.

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

Ultimately, my goal is to contribute to the MI field in the hopes that one day, our collective work prevents families from having to lose loved ones to suicide, like I have. After finishing my PhD, I hope to make a difference by raising awareness and providing information, trainings, and resources on MI in Australia. I aspire to offer these services for veterans and related populations such as first responders. In Australia, MI has hardly been researched and many mental health issues in veterans are categorized as PTSD. However, many veterans are not responding well to PTSD treatment. My goal is to be able to teach and train the ADF and Department of Veterans Affairs about the construct of MI, prevention efforts, and treatments for active duty and veterans. It is my hope that I can continue to challenge the stigma associated with MI symptoms and help improve service delivery before and after service in Australia.

## 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, ABPP*  
WyattREvans@gmail.com

*Amanda Khan, PhD*  
Amanda.Khan@va.gov

## 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](mailto:Amanda.Khan@va.gov).*

## 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](mailto:Amanda.Khan@va.gov).

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 <i>*Email Dr. Brian Klassen for information about clinical &amp; research opportunities (<a href="mailto:brian_klassen@rush.edu">brian_klassen@rush.edu</a>)</i>
Rocky Mountain Regional VA Medical Center	Denver, CO	Psychology Intern & Postdoctoral Fellow <i>*Email Dr. Jacob Farnsworth for more information (<a href="mailto:jacob.farnsworth@va.gov">jacob.farnsworth@va.gov</a>)</i>
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
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 (<a href="mailto:wyatt.evans@va.gov">wyatt.evans@va.gov</a>)</i>

## MORAL INJURY RESEARCH HIGHLIGHTS

*Note: This list is not meant to be exhaustive, but rather, a sampling of recent works.*

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## JOINING THE SIG

1. Log into 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!