



PTSD and Moral Injury Treatment with Veterans

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Potentially Morally Injurious Events

- A betrayal of **what is right** by someone in authority or one's self in a *high stakes* situation (Shay, 1994, 2014).
- "...perpetrating, failing to prevent, or bearing witness to acts that transgress **deeply held moral beliefs**..." (Litz et al., 2009, p. 697).
- "...bearing witness to perceived **immoral acts**, failure to stop such actions, or perpetration of immoral acts, in particular actions that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others" (Drescher et al., 2011, p. 9).
- "...a situation occurring in a *high-stakes* environment where an individual perceives that an important **moral value** has been violated by the actions of self or others" (Farnsworth, Drescher, Evans, & Walser, 2017, p. 392).



Moral Pain

"...the experience of dysphoric moral emotions and cognitions (e.g., self-condemnation) in response to a morally injurious event"

(Farnsworth et al., 2017, p. 392).

-INTEGRITY-

NATURAL

HEALTHY

ADAPTIVE

ENHANCING

**VALUES-
BASED**

**INTACT
MORAL
COMPASS**



Moral Injury

- "...the lasting psychological, biological, spiritual, behavioral, and social impact of [exposure to PMIEs]" (Litz et al., 2009, p. 697).
- A trauma syndrome including psychological, existential, behavioral, and interpersonal issues (Jinkerson, 2011).
 - Core symptoms include guilt, shame, spiritual/existential conflict, loss of trust.
- "...expanded social, psychological, and spiritual **suffering** stemming from costly or unworkable attempts to manage, control, or cope with the experience of moral pain" (Farnsworth et al., 2017, p. 392).

“Moral injury is a harrowing experience of failing to transition, readjust, and reintegrate in which one’s needs—to share stories, to sort through dissonances, to confess and lament, to practice rituals of grief, reconciliation, and renewal, and to learn new ways of thinking, feeling, working, and loving within the contexts presented by one’s life—are not adequately met by one’s social-relational worlds...”

Rev. Zachary Moon, PhD



Personal, Professional, & Systemic Outcomes



Depression

Anxiety

PTSD

Alcohol/Drug
Abuse

Suicide

Relationship
Issues

Parenting Issues

Religious/Spiritual
Struggles



Burnout*

Compassion fatigue

Disengagement

Poor performance

Disinclination
toward promotion

(to leadership)



Recruitment &
Retention

Morale

Cohesion

Productivity

Absenteeism

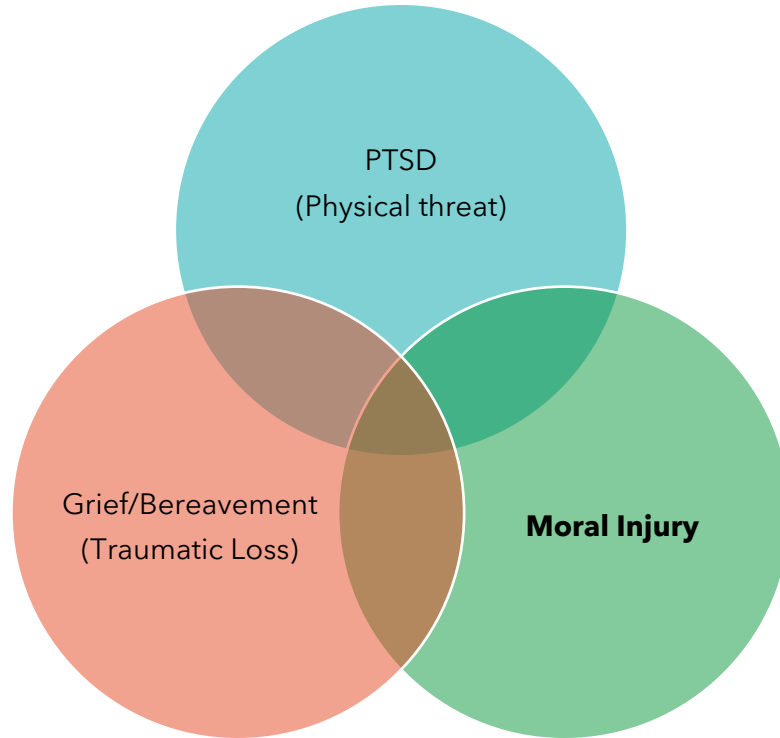
Increased spending

Conceptualizing Moral Injury*

1. Syndromal (Jinkerson, 2011; Litz et al., 2009)
2. Stress injury (literal wound; Nash, 2007, 2019)
3. Heuristic continuum (Litz & Kerig, 2019)
4. Social functional (Evans et al., 2020; Farnsworth et al., 2014, 2017, 2019)

**The question remains an empirical one*

Choosing Treatment Targets



Why Target/Tailor Interventions?

- Neurobiology of PTSD appears to differ based on trauma type (danger, non-danger; Boccia et al., 2016; Ramage et al., 2016)
- Moral injury and PTSD have distinct neural underpinnings and subtypes (perpetration, betrayal) of morally injurious events are different in neural responses (Sun et al., 2018).
- Behaviors driving distress have different functions across distinct experiences
 - Avoidance, Avoidance, & Avoidance



Moral Healing

Considerations for Using Existing PTSD Treatments

- Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are EBPs for **PTSD**
- Moral Injury does not always co-occur with PTSD
- However, treatment procedures can be targeted to address many aspects of moral injury
- In some cases, procedures are already in place
 - Right-sizing responsibility
 - Contextualizing events
- In other cases, *as-written* protocol may be augmented with conceptually compatible components



Therapeutic Stance

Even with the presence of evidence to the contrary, patients may firmly experience their moral judgments as being appropriate (Farnsworth et al., 2017)

Ill-targeted attempts to restructure or reduce perceptions of culpability may be perceived as an affront to patient's personal values, potentially damaging the provider's perceived credibility (Gray et al., 2017)

May also be interpreted as an attempt to minimize or "launder" the patient's experience of moral pain (Singer, 2004)

Gentle exploration → compassionate challenging → *willingness to sit with moral pain*

Professional Care



Prolonged Exposure

(Evans et al., 2021; Held et al., 2017; Rauch et al., 2020, Smith et al., 2013)



Cognitive Processing Therapy

(Held et al., 2017, Koenig et al., 2017; Wachen et al., 2020)



Adaptive Disclosure

(Gray et al., 2012; Litz et al., 2016; Litz et al., 2021)



Impact of Killing

(Burkman et al., 2021; Maguen et al., 2017)



Acceptance & Commitment Therapy

(Borges, 2020; Evans et al., 2020; Farnsworth et al., 2017)



Trauma Informed Guilt Reduction

(Capone et al., 2020)



Spiritual & Pastoral Care

(Harris et al., 2011; Kopacz et al., 2017)



Integrated Care

(Antal et al., 2019, Cenknner et al., 2020; Smigelsky et al., 2020)



Family & Friends

- Awareness
- Knowledge
- Skills
- Compassion
- Forgiveness
- Psychological, social, and spiritual support

Community Connection & Care



Faith communities



Veteran support groups



Social events



Volunteering



DoD Policy, Procedures, & Practices

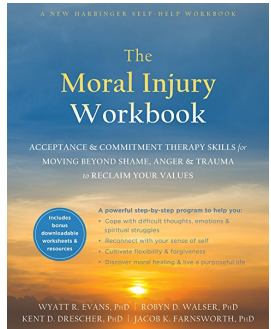
- The military invests a great deal of money, personnel, and time into training recruits but only provides a fraction of such resources to reentry and reintegration (Moon, 2019).
- Revise resilience training programs that foster context sensitivity, values awareness, and flexibility in action (Evans et al., in press).
- Accelerate the culture change around behavioral health, psychological suffering, and help seeking.
- Prioritize social connection, support networking, and community during the separation phase.



- Humans are deeply connected, social, and even compassionate. For as long as humans harm one another, moral pain will remain.
- For as long as the dominant culture remains one of emotional avoidance, moral injury will remain. Avoidance of moral pain will continue to disconnect us from our values and from each other.
- 90% of the psychosocial-spiritual weight of war cannot fall on less than 10% of the population. Those who have not served in the military must lament, grieve, show compassion, and grant forgiveness in community with those who have served.

Social Change

Volunteers of America | SHAY Moral Injury Center



WARRIORS BETWEEN WORLDS

MORAL INJURY AND IDENTITIES IN CRISIS



ZACHARY MOON
FOREWORD BY KENT D. DRESCHER



ADDRESSING MORAL INJURY in CLINICAL PRACTICE

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Questions!
Answers?

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