

A Functional Approach to Repairing Moral Injury and Traumatic Loss: Change Agents, Clinical Strategies, and Lessons Learned

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Goals

- Learn state-of-the-art knowledge about moral injury
- Expand: Clinical knowledge, case conceptualization schemes, and toolkit to target moral injury and loss
- Think about your cases and supervision differently:
 - Appreciate existential and lifespan impact of grave trauma
 - Be more flexible and ideographic in your approach
 - Consider functional change agents and functional aims
 - Consider formalizing compassion training and integrating it into your case conceptualization and approach

Loss/grief and Moral Injury: Common Etiological Pathways

- Traumatic loss is *always* a potentially morally injurious experience
- When moral emotions (anger, shame) dominate loss and grief, phenomenology and intervention strategies are indistinguishable
- Loss of valued and valuing attachments and belonging are central to both traumatic grief and moral injury
- Each pose a threat to social bonds and ways of thinking about the goodness or worthiness of the self and/or humanity

Basic (Secular) Theoretical Model of Moral Injury

- Assumption: Events can cause a crisis of conscience & trust and lead to lasting harm
- Definition: *Life altering* multisystemic impact of doing things or failing to do things, or being the victim of, or bearing witness to acts, that transgress deeply held moral beliefs and expectations

Moral Injury Is Not “Just PTSD”

- Overlaps with PTSD: Reexperiencing, avoidance, numbing..
- Overlaps with depression: Dysphoria, anhedonia, withdrawal..
- Does not require a Criterion-A event
- There are unique symptoms not captured by PTSD and Depression*

*Litz, B. T., Plouffe, R. A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., ... & Moral Injury Outcome Scale Consortium. (2022). Defining and assessing the syndrome of moral injury: Initial findings of the moral injury outcome scale consortium. *Frontiers in psychiatry*, 13, 923928.

The Moral Injury Syndrome: Domains of Impact*

- **Alterations in self- and other-perception:** Disruptions in how individuals define themselves or the world with respect to what they or others *are capable of in terms transgression*.
- **Alterations in moral thinking:** Changes in moral thinking, which entails judging the self or others moralistically and with condemnation (self-censure, grievance, embitterment..).
- **Social impacts:** Alterations in degree of comfort with others, connectedness, social acceptance / belonging, and changes in the frequency and quality of engaging with others.
- **Emotions / moods:** Predominant, pressing, and easily triggered *moral emotions*.
- **Self-harming / sabotaging:** Deliberate and non-deliberate behaviors that negatively impact functioning, and impair health, personal safety, and quality of life / overall wellbeing.
- **Changes in beliefs about life meaning and purpose:** Alterations in individuals' religious or spiritual beliefs.

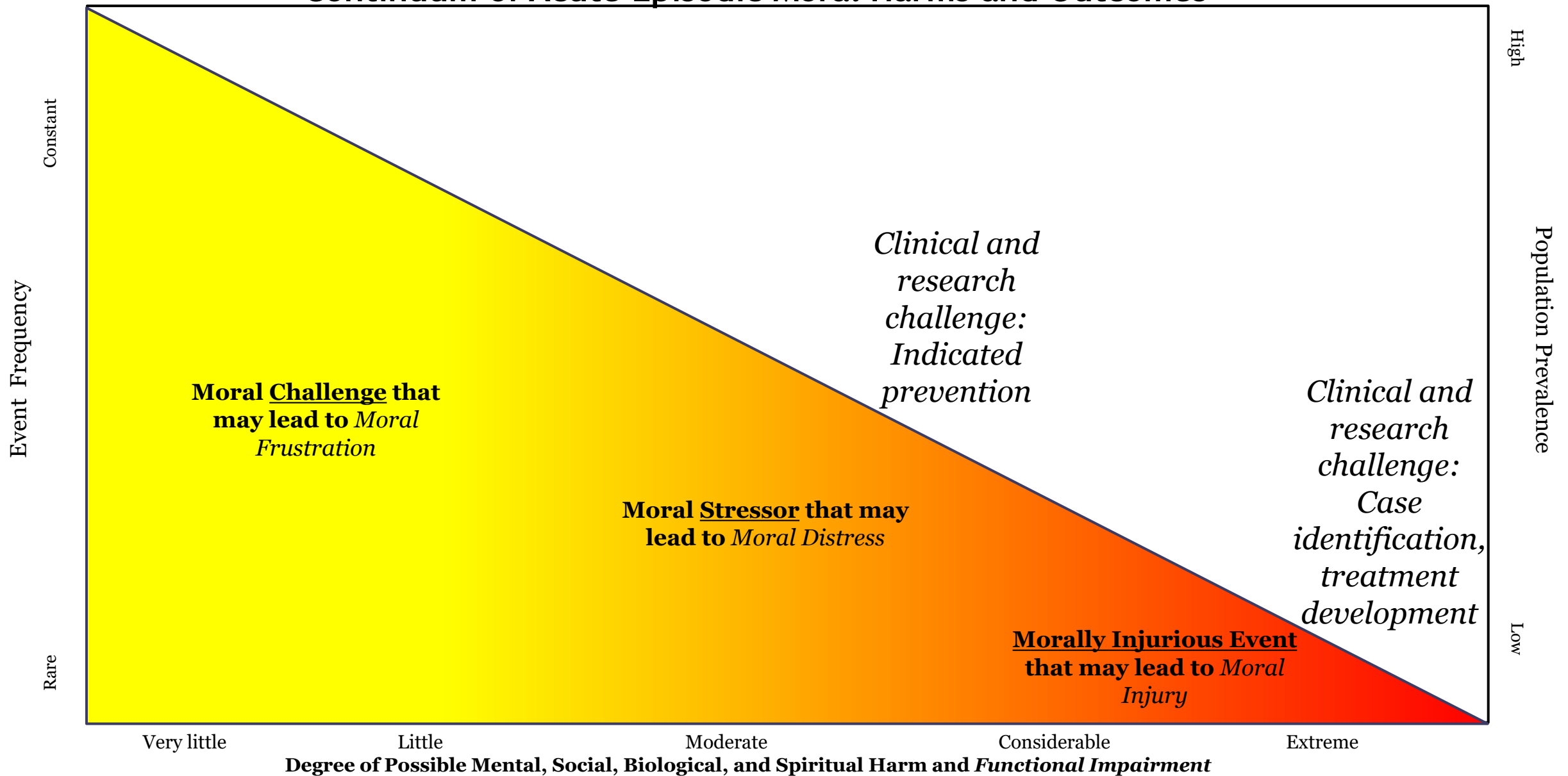
*Litz, B.T., Plouffe, R.A., Phelps, A., Nazarov, A. Murphy, D. Phelps, A., Coady, A., Houle, S., Levi-Belz, Y., Dell, L., Frankfurt, S. Zerach, G., Levi-Belz, Y. (2022). Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium. *Frontiers in Psychiatry*, 13, 923928.

Moral Injury Outcome Scale*

<i>In the past month, how strongly would you <u>agree with the following statements</u>:</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree or Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I blame myself. (SR)	0	1	2	3	4
2. I have lost faith in humanity. (TVR)	0	1	2	3	4
3. People would hate me if they really knew me. (SR)	0	1	2	3	4
4. I have trouble seeing goodness in others. (TVR)	0	1	2	3	4
5. People don't deserve second chances. (TVR)	0	1	2	3	4
6. I am disgusted by what happened. (TVR)	0	1	2	3	4
7. I feel like I don't deserve a good life. (SR)	0	1	2	3	4
8. I keep myself from having success. (SR)	0	1	2	3	4
9. There is no higher power. (TVR)	0	1	2	3	4
10. I lost trust in others. (TVR)	0	1	2	3	4
11. I am angry all the time. (TVR)	0	1	2	3	4
12. I am not the good person I thought I was. (SR)	0	1	2	3	4
13. I have lost pride in myself. (SR)	0	1	2	3	4
14. I cannot be honest with other people. (SR)	0	1	2	3	4

*The Moral Injury Outcome Scale (2021). Litz, B.T., Phelps, A., Frankfurt, S., Murphy, D., Nazarov, A., Houle, S., Levi-Belz, Y., Zerach, G., Dell, L., Hosseiny, F., and the members of the *Moral Injury Outcome Scale (MIOS) Consortium*. MIOS consortium activities were supported in part by VA Cooperative Studies Program Coordinating Center, VA Boston Healthcare System, US Department of Veterans Affairs; Veterans Affairs Australia, Phoenix Centre for Posttraumatic Mental Health; and the Canadian Centre of Excellence on PTSD and Related Mental Health Conditions.

Continuum of Acute Episodic Moral Harms and Outcomes



Moral Injury vs. Moral Scars

- The lifespan corrosive impact of repeated high stakes moral harms
- Enduring traits (e.g., grievance/embitterment, entitlement, confirmation-seeking, low self-esteem, detachment, alienation..)
- A far more impactful problem for governments/governing, society, world affairs, and public health
- Likely explains:
 - Intractable deadly conflicts
 - Familial and dyadic conflict
 - Loneliness, intimacy failures, etc.
 - Health and well-being/quality of life
 - Civic/political discourse (e.g., tribalism), and engagement
 - Problems in clinical care
 - Suicide

Biological/Ethological Underpinnings of Morality and Moral Outcomes

- Moral emotions are hard-wired to support reciprocal altruism (the golden rule):
 - Shame is triggered by personal violation of expectations of RA
 - Anger triggered by others' violation of expectations of RA
- In group (“Us) cooperation and help is rewarding
 - Obedience, conformity, generosity, and virtuous behaviors are rewarding
 - Empathy among “US” group members
 - Creates the experience of safety and comfort
- People tend to shun, dehumanize, and fail to cooperate and empathize with non-in-group members (“Them”)

Biological/Secular Underpinnings of Morality and Moral Outcomes

- Violators of “Us” promoting behaviors experience stress, fear, and loss of standing, social exclusion/shunning (**becoming a *Them* after being an *Us***)

Moral Injury

- Self-related: “Us” group: **“YOU CAN NO LONGER BE ONE OF US!”**
 - Internalized as **“I CAN NO LONGER BE ONE OF US”**
 - If people cannot count on others to value them and people feel unvalued: Loss of pride, meaning, purpose, belonging
- Other-related: Formerly reliable Us group thwarts or harms a member
 - Alters capacity for social connections to be rewarding and the capacity to value others: Affects safety, belonging, and identity
 - Creates risk for shameless and righteous dehumanizing of the Other

Moral Injury Damages the Sustaining Building Blocks to Personal and Collective Humanity and Quality of Life

- Being part of an “Us”: Pride, kinship, belonging; being part of something meaningful, pride in others
- Bankable, caring, trusting relationships at home, work, in communities
- Doing good, expecting good, receiving good



Foundational Assumptions of Adaptive Disclosure*

- For serious transgressions, reassurance *can't negate or invalidate troubling and painful moral truths*
- **Blameworthiness is real in many cases and this reality is the only proper starting place for change**
- Moral *repair* involves acceptance of painful moral truths and exposure to corrective life experience
- Extant therapies ignore social imperatives stemming from violations of Us vs. Them rules **and lasting existential impacts**

*Litz, B. T., Lebowitz, L., Gray, M. J., & Nash, W. P. (2017). *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury*. Guilford Publications.

Adaptive Disclosure (AD*): Background/Rationale

- Equipotentiality traumas and traumatic contexts problematic
- Need culture-valid change agents to target survivor guilt/sorrow, shame, anger/rage/externalizing
- Trauma in context: Context and culture matter; diverse traumas lead to divergent impacts; bonds and responsibility-taking are immutable
- Emphasize unique culture and ethos (e.g., in military danger as occupational hazard, bonds and leadership double-edged sword)
- Appreciate unparalleled role and demands (e.g., combatants)
- Leverage indigenous (e.g., unit-based) sources of healing and repair
- Different strategies to address danger, loss, and moral injury

Adaptive Disclosure: Additional Assumptions

- Resilience to danger-based stressors
- Traumatic loss and moral injury cause the most lasting scars
- Guilt, shame, sorrow, anguish, anger, aggrievement:
 - Thwarts motivation
 - Not extinguishable
 - Culpability- and responsibility-taking / assigning is sacrosanct
- Loss of faith in humanity or one's own humanity requires a non-reductionist and different approach
- Intrapsychic conflicts are best addressed by *reengagement*, *reattachment*, and *corrective action*
- Treatment is a starting place; need to plan for long term

Clinical Assumptions For Moral Injury and Loss

- Pain means hope: Moral emotions are signs of an intact conscience and self-and other-expectations about goodness/humanity/justice
- Moral injury and loss-related guilt is reparable
- Goal: Reclaim / rebalance goodness in light of badness (self and/or others)
- Clinical strategies:
 - Unburdening the transgression experience
 - Exposure to corrective feedback from compassionate others
 - Reparative learning experiences

Adaptive Disclosure: Loss Strategies

- No substantially different from evidence-based approaches to prolonged grief disorder
- *Exposure / emotional processing of loss*
 - Unearth meaning and implication
- Real-time “empty chair” discourse with lost friend
 - Confession / disclosure of event and impact
 - Feedback from the dead person (forgiveness, call to embrace life, etc.)
- Foster exposure to corrective life experience:
 - Reengagement and reconnection with individuals, family, communities...

Adaptive Disclosure: Moral Injury Strategies

- Unburdening / processing of transgressions
 - Unearth meaning and implication
- Discourse with forgiving compassionate moral authority
 - Confession of events and the aftermath
 - Feedback about the potential for repair
- Foster reparation and restoration of the goodness of the self and others
- Reconnection with various communities

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Iterations of Adaptive Disclosure

- Pilot project*: 6 sessions; generated a manual and book
 - Training about military culture / warrior ethos
 - Personalized, experiential, and homework-based
- 8-session version tested in a non-inferiority trial (vs. CPT; Marines in garrison)**
- Adaptive Disclosure-Enhanced***
 - VA Merit Review multi-site superiority trial (vs. PCT): Functioning outcomes
 - 12 90-minute sessions
 - Letter-writing to victims, etc. (disclosure/confession, current impact, plan)
 - Compassion and mindfulness training
 - Systematized and broadened repair homework
 - Activation, wellness, doing / allowing healing and repairing experiences

*Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., ... & Litz, B. T. (2012). Adaptive disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior therapy, 43*, 407-415.

**Litz, B. T., Rusowicz-Orazem, L., Doros, G., Grunthal, B., Gray, M., Nash, W., & Lang, A. J. (2021). Adaptive disclosure, a combat-specific PTSD treatment, versus cognitive-processing therapy, in deployed marines and sailors: A randomized controlled non-inferiority trial. *Psychiatry Research, 297*, 113761.

***Litz et al. (under review); Yeterian, J. D., Berke, D. S., & Litz, B. T. (2017). Psychosocial rehabilitation after war trauma with adaptive disclosure: Design and rationale of a comparative efficacy trial. *Contemporary clinical trials, 61*, 10-15.

Active Treatment Components in Adaptive Disclosure-Enhanced

Intervention	Targets	Change Agents	Desired Change
Compassion Assessment and training	Self- or other- condemnation; disconnection; detachment; rejection of the Other	Loving-kindness meditation and mindfulness	Openness to humanity / human condition, openness
Writing about transgressive harms	Avoidance, incomplete processing, vague/tacit meaning and implication	Exposure: raw emotion-focused retelling, unearthing content and meaning	Insight, awareness of new content and meaning, openness to repair
Experiential processing	Rigid, absolutist, imbalanced self- and other schemas, guilt, shame, resentment	In writing and imagination, event confession/disclosure and feedback from a compassionate / caring moral authority	Positive shifts in meanings/interpretations; < guilt, self- and other-blame, reclaiming goodness
Healing and Repair Plan (homework assignments)	Wellness deficits, dysphoria, disconnection, anhedonia, event-processing	Reparative actions, behavioral activation, wellness routines	Movement towards repair and healing; balancing goodness versus badness

Compassion Training in Adaptive Disclosure-Enhanced

- Mindfulness and loving-kindness meditation training
- Patient directs loving-kindness toward self and others via repetition of compassionate phrases (e.g., “May you be well.”)
- Fosters a shared sense of humanity and connection
- Designed to promote a frame of mind and behavior that counteracts guilt, shame, anger/resentment, and self- or other-disdain (**chips away at OTHERNESS**)
- Easy to learn and apply

Letter Writing Exercises

Trauma Type	Letters written to:		Content:		
Moral Injury – Self	1. Person who was harmed:	2. Compassionate Moral Authority	Disclosure / confession of event	Impact of event	Plan for repair; how to heal from event
Moral Injury – Other	2. Person/context who harmed you	2. Compassionate Moral Authority			
Traumatic Loss	1. The deceased	2. Compassionate Moral Authority			
Life-threat	1. Trusted leader	2. Compassionate Moral Authority			

Example Letter Prompt

Moral Injury–Self

Please write your thoughts about how the person or people you are writing the letter to were hurt or harmed. Tell him or her (or them) what you did or failed to do. It is important to write about the specific details of what happened, including what you were thinking and feeling when it happened.

AD-Enhanced Clinical Trial

- Randomized controlled multisite trial of AD-E compared to present-centered therapy (PCT; each 12 sessions) in 174 Veterans with loss or moral injury-related PTSD
- Primary outcomes: Functioning, PTSD, externalizing
- AD-E led to greater changes in functioning, PTSD, psychological aggression
- 21% more AD-E cases made clinically significant change in functioning, relative to PCT
- First psychotherapy of Veterans with TL/MI-related PTSD to show superiority relative to PCT with respect to functioning, PTSD, and psychological aggression

Clinical Lessons Learned

- Narratives and the meaning and implication of harms are unfolding
- Enormously difficult to heal and repair broken trust, bearing witness to inhumanity, being the victim of other's bad acts
- Therapists find it hard to acknowledge and sit with **existential realities of moral harms**
- Existing CBT addresses moral injury with “Yes, but.....” (didactic, persuasive); **optimal stance is “Yes....., and.....”**
- Therapy is a starting place; cure is a disease model fantasy
- Therapy needs to be flexible and multimodal

Basic Transcontext Approach to Moral Stress and Injury

- Conceptualize the harm and impact (aided by the MIOS)
- Assess history of and opportunities for doing valued and kindred things (belonging), and being valued
- Goal is to restore faith in personal or collective humanity
- Identify and create opportunities *to do things* that are corrective with respect to good relative to bad beliefs
- Promote action that shifts the balance of good and bad (virtuous behaviors, appreciating the humanity of others)
- Memories and changes in self- and other-schemas are immutable but can be inhibited by new corrective learning

Adaptive Disclosure - Enhanced Manual for Standard Clinical Practice



Microsoft Word
Document

Thank you