

# Moral Injury

Oklahoma Specialty Courts Conference

Norman, OK

September 12, 2014

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<http://drlannyendicott.com.tripod.com>

# **A Father's Story**

**In mid-April 2012, I attended a lunch event to listen to the President of District Ten of the Federal Reserve Bank. There was no assigned seating, so I sat down next to an individual I didn't know. I began to ask this person about his business and family. He is a successful small business owner here in Tulsa. He was especially upbeat about life because his son had just returned home permanently from Afghanistan. So, I ask a lot of questions about his son's experience.**

**This extremely proud, but also concerned father, told me about a recent conversation he had with his safely returned son. The father said he had the opportunity to take his son to lunch a few days ago. And as we were sitting there preparing to order, he noticed his son holding the menu closely in front of his face, for what seemed to be an extended period of time.**

**The father finally asked if he was ready to order. He lowered the menu and the father noticed he was crying. He asked, "Why are you so upset?" "Dad, I'm so grateful to be home, but it was only about a week ago in Afghanistan that I was engaged in a fire-fight and killed six people."**

**The father, at this point, didn't say much more to me. I told him that his son carried out his duties in heroic fashion, and that I can't possibly understand the impact such an experience would have on a person. I told the father about the Veterans Initiative at CSC. I gave him the website and encouraged him to explore the services available to his valiant son.**

**Seven Nell, CSC Board Chair**

**At the moment of the fire-fight,  
what was this young man feeling?  
Now that he's back home?**

# Moral Injury Workshop Goals

Participants will:

- Comprehend the costs of war
- Differentiate PTSD from Moral Injury
- Discover treatments for Moral Injury
- Encourage community re-integration

# Veterans Initiative

Community Service Council (Tulsa)

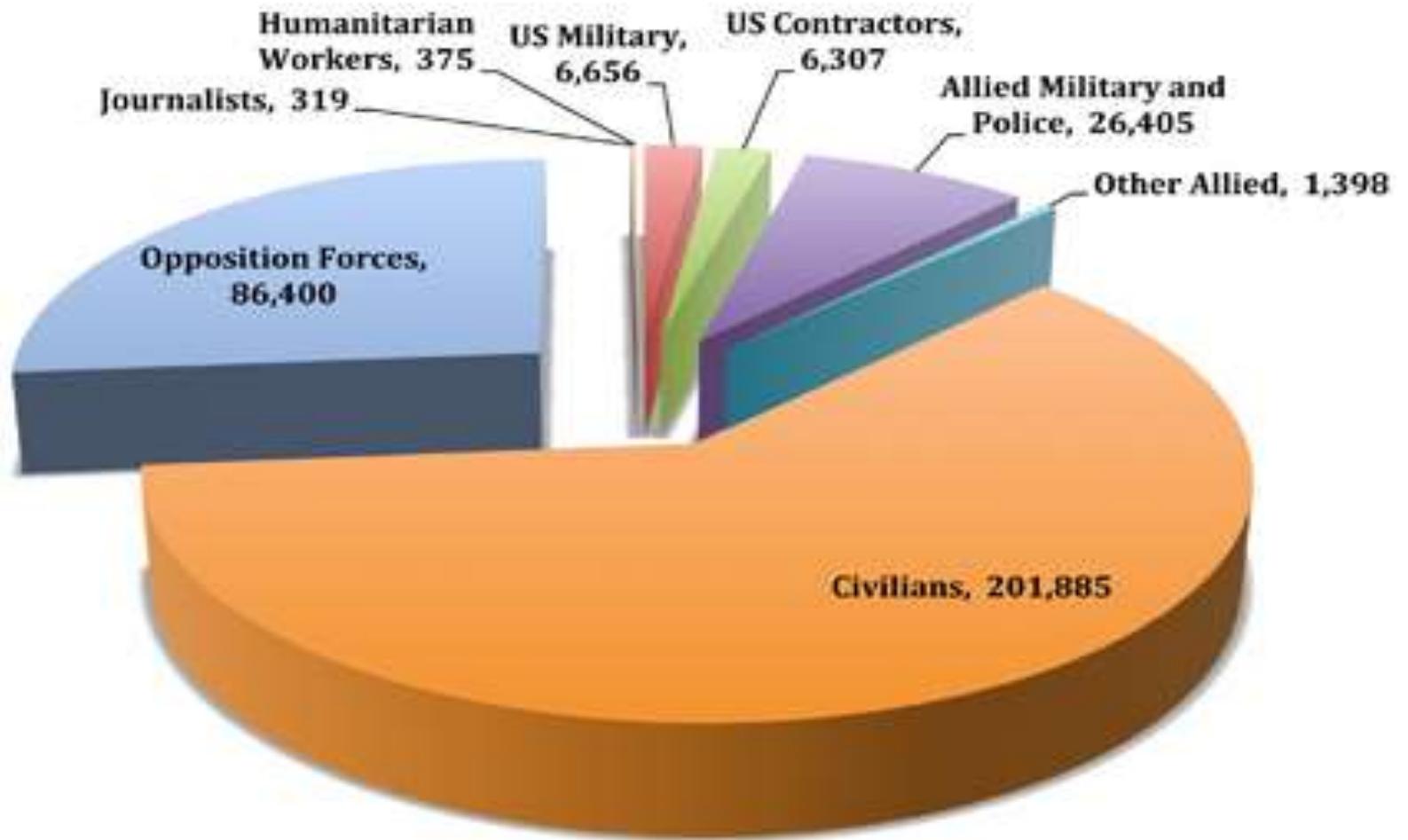
- Forum for monthly “connections”
- Grants for addressing homeless veterans
- Training for community providers
- Partnership with Jack C. Montgomery VA
- “Coffee Bunker”
- Veterans Court
- Advocacy for veterans’ services
- Connection with Wounded Warriors
- For more: <http://csctulsa.org/content.php?p=41>

**But First:**

**A Perspective of Our  
Longest War(s)**

# Costs of War: US Deaths

- American troops who have died fighting the wars in Iraq and Afghanistan: 6,656 (Feb 13)
- 3,000-plus contractors working for the US have been killed in the two war zones



# US Veterans & Families

- 2.5 million service members have been to the wars and returned since 2001
- Nearly half have been deployed more than once
- More than 700,000 veterans have some degree of officially recognized disability as a result of the wars in Iraq and Afghanistan

# US Military Battlefield Casualties and Post-Combat Disability Claims



**6,616**  
**Killed in**  
**War Zone<sup>1</sup>**



**106,000**  
**Wounded in Action**  
**or Evacuated for**  
**Injury or Disease<sup>2</sup>**

**745,000 +**

**Iraq and Afghanistan**  
**Veterans' Disability**  
**Claims Filed**

validated VA claims only, as of 5/31/12

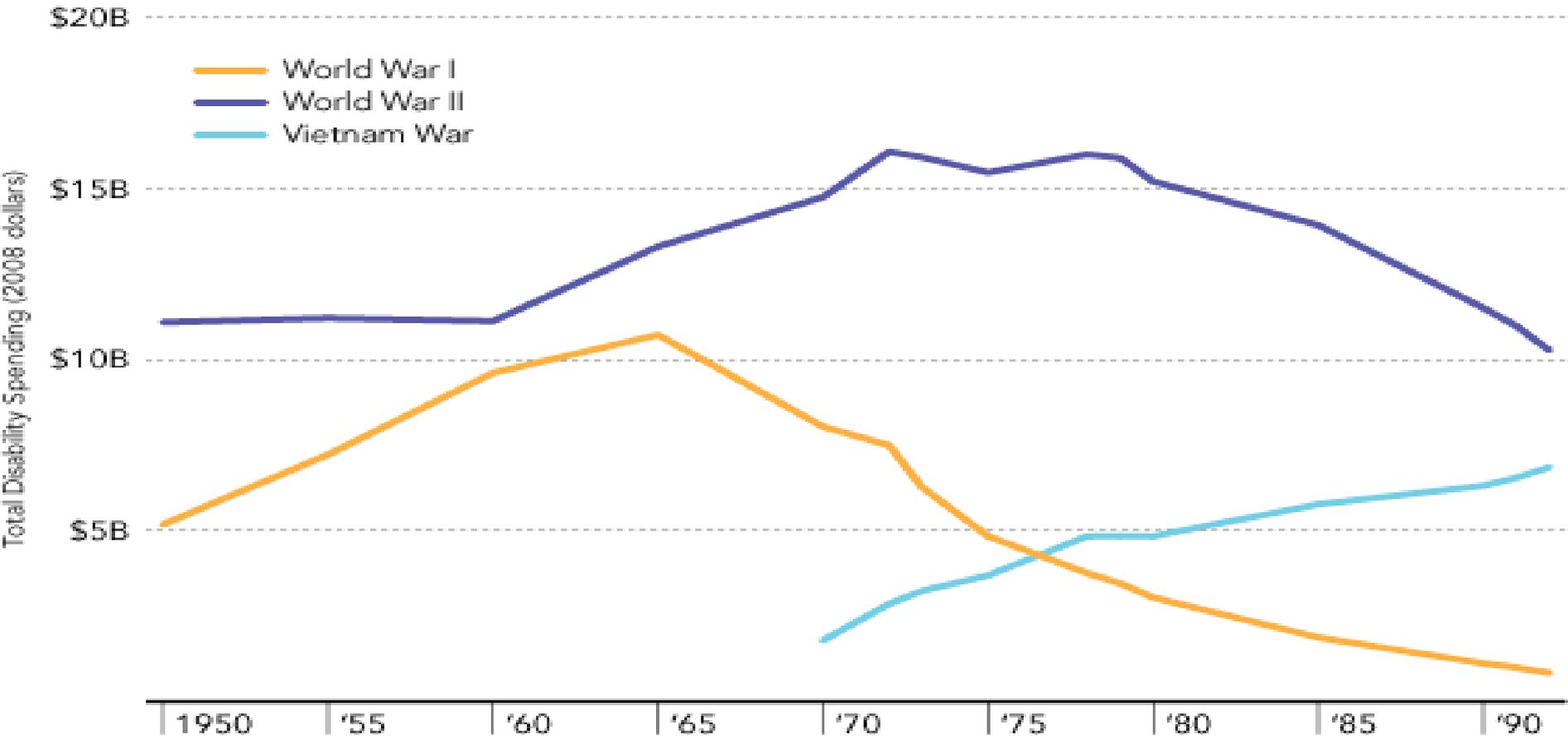
# ESTIMATED DOLLAR COSTS OF WARS, in \$BILLIONS

THESE U.S. TOTALS DO NOT INCLUDE:  
Medicare costs for injured veterans after age 65; Expenses for veterans paid for by state and local government budgets or the social cost of veterans care; Additional macroeconomic consequences of war spending including infrastructure and jobs. On macroeconomic consequences, see: Edwards, Heintz, and Garrett-Peltier.

	\$BILLIONS	REPORT / SOURCE
Congressional War Appropriations to Pentagon <sup>1</sup>	\$1,406.9	Wheeler and Crawford
War-related Additions to the Pentagon Base Budget	743.1	Crawford
War-related International Assistance (State Department/USAID) <sup>3</sup>	103.5	Dancs and Crawford
Veteran's Medical and Disability	134.7	Bilmes
Additions to Homeland Security Spending	455.2	Dancs and Crawford
Cumulative Interest Payments on Pentagon War and State/USAID Appropriations through FY2013 by 2013	259.4	Edwards
<b>SUBTOTAL FEDERAL OUTLAYS FY2001-FY2013</b>	<b>3,102.85</b>	
Projected Iraq, Afghanistan and ONE spending, FY 2014 <sup>4</sup>	65	Crawford
Projected Increase In Pentagon Base, FY2014	65	Crawford
Future Obligations for Veterans Medical and Disability through 2053 <sup>5</sup>	754.4	Bilmes
<b>SUBTOTAL FUTURE SPENDING AND OBLIGATIONS</b>	<b>884.4</b>	
<b>TOTAL COSTS OF WARS FROM FY2001 INCLUDING FUTURE SPENDING AND OBLIGATIONS</b>	<b>3,987.25</b>	
Additional Cumulative Interest on Past Pentagon and State/USAID War Appropriations FY2001-2013 by 2053 <sup>6</sup>	>7,000	Edwards

# After The Fighting Ends

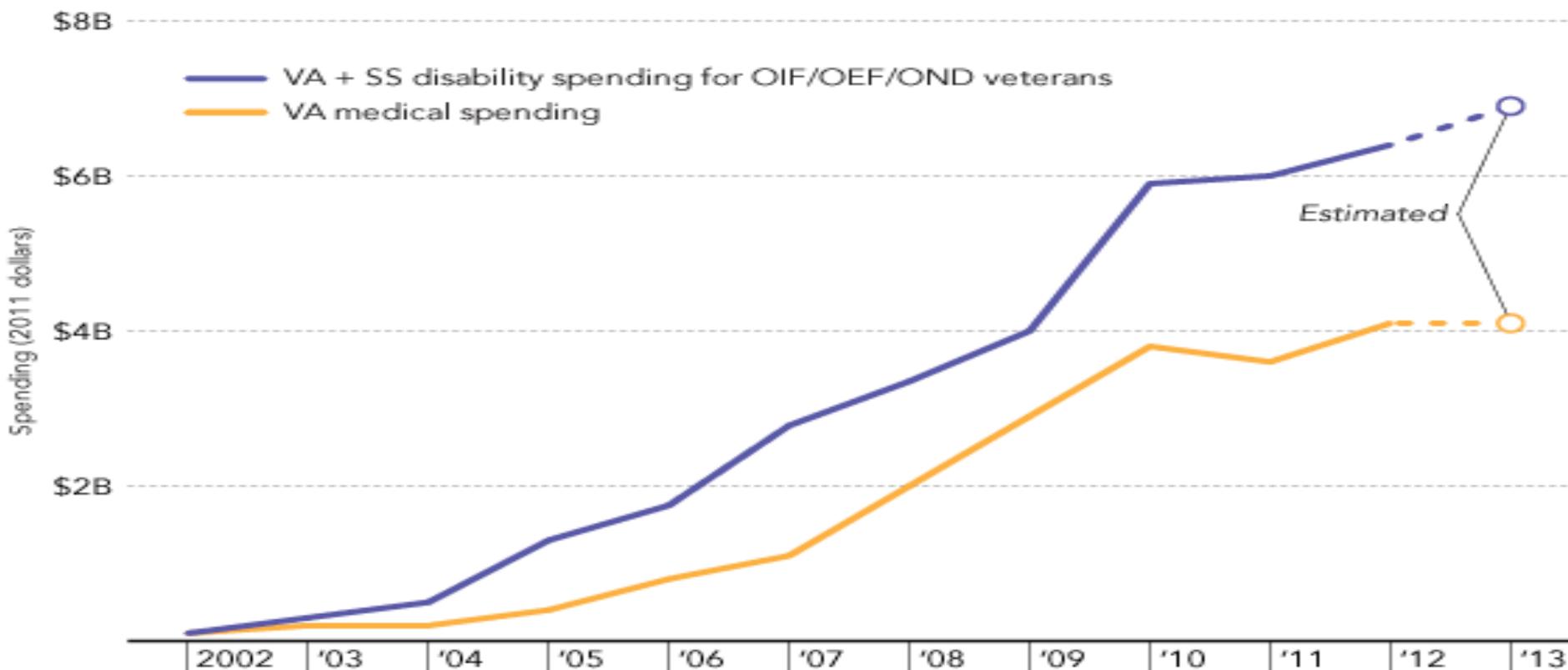
Public costs for veteran disability payments continue to climb for decades after a conflict is over. Spending on World War I veteran payments didn't peak until 50 years after Armistice, and Vietnam payments are still rising. Payments to veterans of the post-9/11 wars could stretch out even longer as more soldiers survive battlefield wounds.



Source: Institute of Medicine (data derived from the U.S. Census Bureau's Statistical Abstracts of the United States, 1970 through 2008)

# Obligations To Post-9/11 Veterans Will Soar For Decades

Yearly medical and disability payments to veterans of Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and Operation Enduring Freedom (OEF) are expected to climb for several decades, as they have in previous wars. Some estimates put the eventual total cost of these payments above \$700 billion, which does not include the devastating social and economic costs of war to veterans and their families. No special fund has been set aside to meet this growing commitment.



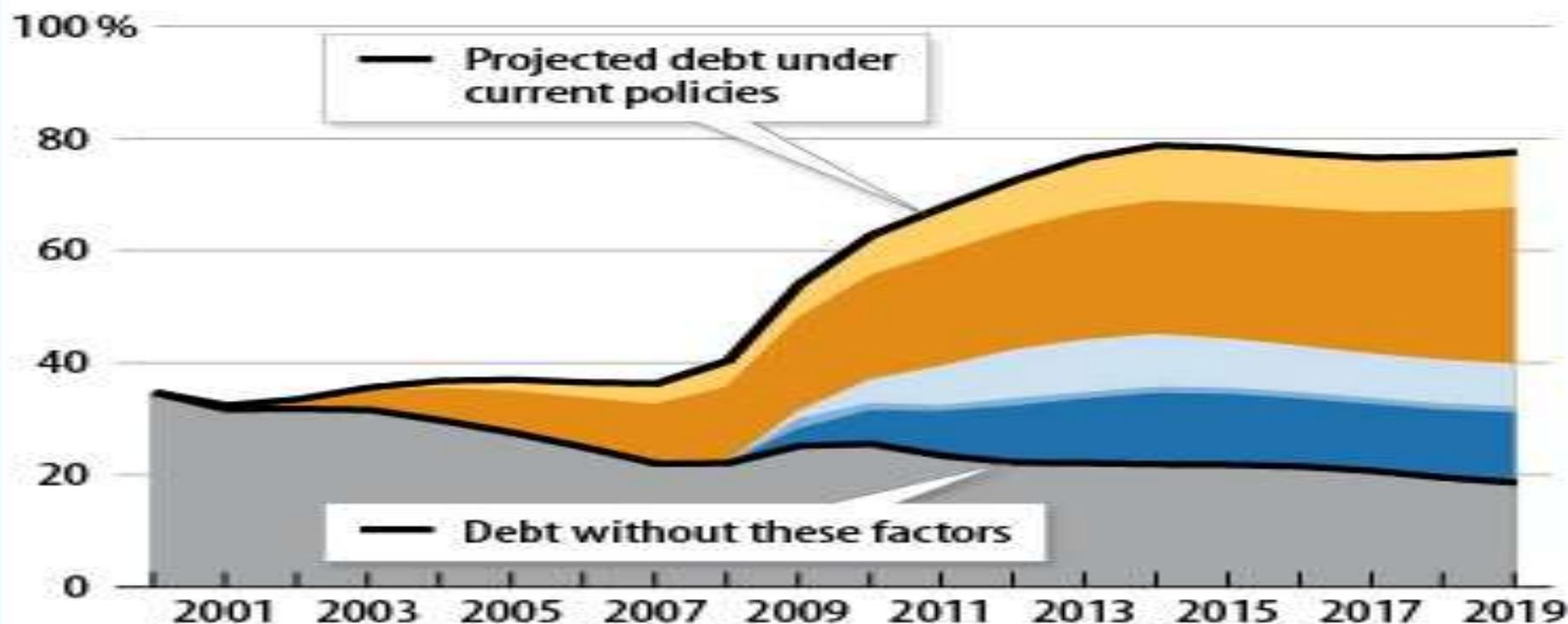
Source: Costs of War Project

THE HUFFINGTON POST

**Figure 2**  
**Tax Cuts, Wars Account for Nearly**  
**Half of Public Debt by 2019**

Debt held by the public as percent of GDP

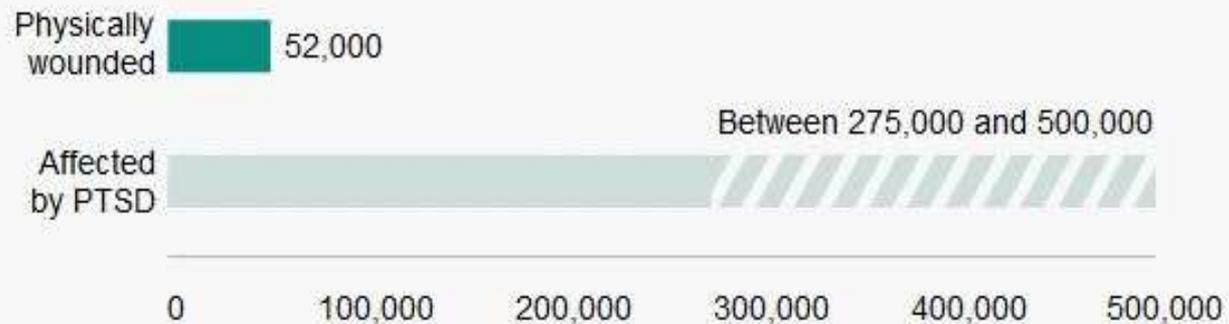
- Wars in Iraq and Afghanistan
- TARP, Fannie, and Freddie
- Bush-era tax cuts
- Economic downturn
- Recovery measures
- Other debt



Source: CBPP analysis based on Congressional Budget Office February 2013 estimates. All components include the associated debt-service costs.

## THE WOUNDS THAT DON'T SHOW

Mental health wounds far outnumbered physical injuries in Iraq and Afghanistan.

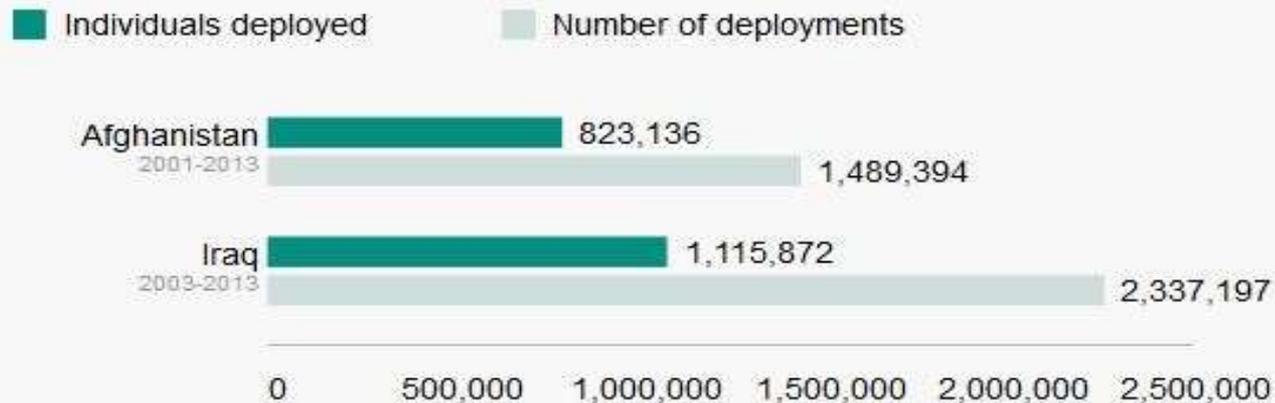


Source: U.S. Department of Defense, U.S. Department of Veterans Affairs

<http://projects.huffingtonpost.com/moral-injury/the-grunts>

## MULTIPLE DEPLOYMENTS FOR TROOPS IN RECENT WARS

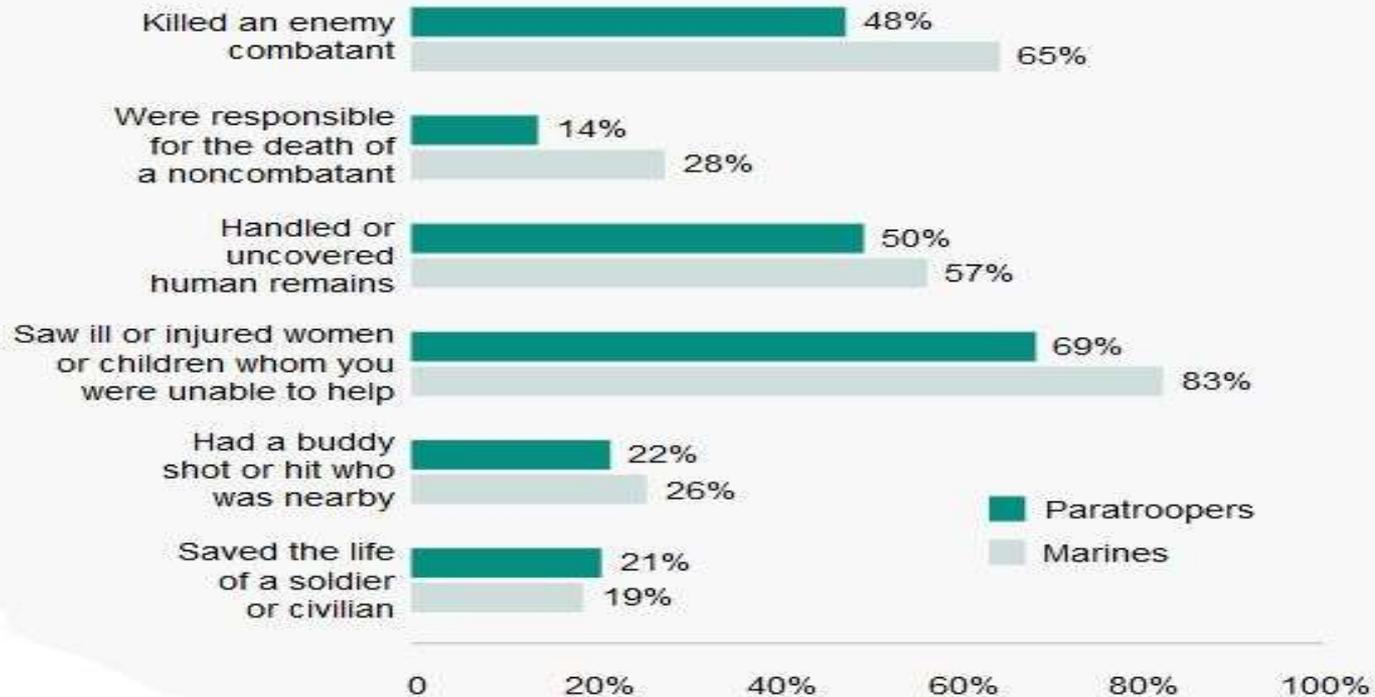
Frequent deployments to Afghanistan and Iraq have become routine for American soldiers – raising the risk of lasting mental trauma.



Source: U.S. Department of Defense

<http://projects.huffingtonpost.com/moral-injury/the-grunts>

A study of 3,761 paratroopers and Marines after their return from combat in Iraq in late 2003 found grim results about troops' exposure to morally damaging events.



<http://projects.huffingtonpost.com/moral-injury/the-grunts>

# Why suicide rate among veterans may be more than 22 a day

Moni Basu, CNN, Nov 23, 2013

## SUICIDE FREQUENCY

**22** PER DAY  
ONE EVERY  
**65** MINUTES



BRYAN PERRY/CNN

Source: Veterans Administration suicide report, February 2013

## SUICIDAL THOUGHTS

**30%**  
OF ALL VETERANS  
HAVE CONSIDERED  
SUICIDE

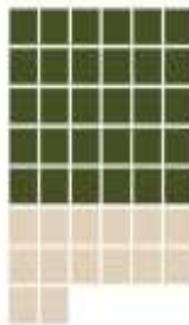


BRYAN PERRY/CNN

Source: Iraq & Afghanistan Veterans of America Survey, 2013

## SUICIDE RATES

**30**  
VETERANS  
vs.  
**14**  
CIVILIANS  
FOR EVERY  
**100,000**  
OF THE  
POPULATION



BRYAN PERRY/CNN

Source: News21, August 2013

## AGE AT TIME OF SUICIDE

**69%**  
ARE **AGE 50**  
OR OLDER



BRYAN PERRY/CNN

Source: Veterans Administration suicide report, February 2013

# Moral Injury

Moral injury is not PTSD.

The latter is a dysfunction of brain areas that suppress fear and the integration of feelings with coherent memory; symptoms include:

- flashbacks
- nightmares
- dissociative episodes
- hyper-vigilance

PTSD is an immediate injury of trauma

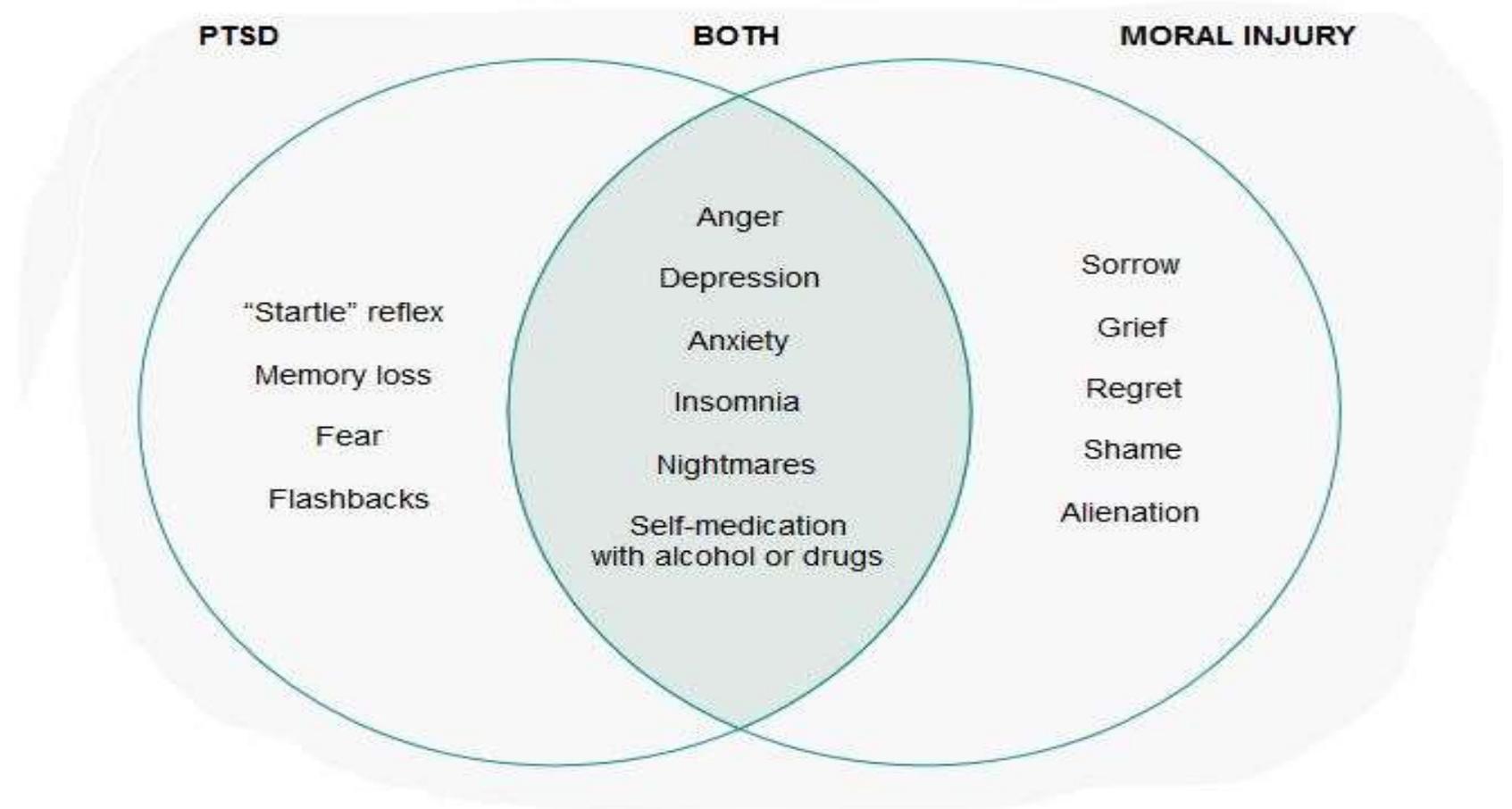
- Moral injury has a slow burn quality that often takes time to sink in
- To be morally injured requires a healthy brain that can:

experience empathy

create a coherent memory narrative

understand moral reasoning

evaluate behavior



<http://projects.huffingtonpost.com/moral-injury/the-grunts>

# Killing innocents – Sgt Massey

<http://youtu.be/aUOWZAXYhPs>

# Reactions

**What did the Staff Sergeant Massey do?**

**How did he interpret what he did?**

**How did he interpret the statements from his Captain?**

**What's the Staff Sergeant struggling with?**

Medal of Honor Soldier  
Sgt Romesha  
Leaving soldiers behind

<http://youtu.be/x4hw-cV5m3w>

**What is this medal of honor soldier,  
Sergeant Romesha, telling us about  
himself?**

# "Comprehensive Soldier Fitness" (CSF) program

- Begun in 2009
- Focus is to bypasses the difficult ethical questions that many healthy human beings ask about war
- Its spiritual fitness component has no moral content: see things as neutral
- Focus on the positive
- Soldier's commitment to a higher purpose is mission first -- makes for resiliency
- Still, most people capable of such a commitment also have empathy for others and deep moral values

See: [http://www.ausa.org/publications/ilw/Documents/TBIP\\_CompreSoldierFitness.pdf](http://www.ausa.org/publications/ilw/Documents/TBIP_CompreSoldierFitness.pdf)

# PTSD

“Non-recovery from traumatic experiences and the fight-flight-freeze responses”

Symptoms:

1. Re-experiencing
2. Avoidance
3. Hyper-arousal

The incidence of depression and **PTSD** has been measured at between one quarter and one third of all troops ever deployed to those conflicts

From Brown University: <http://costsofwar.org/article/us-and-allied-wounded>

# PTSD Treatment

## Cognitive Processing Therapy

- Address event(s) – thinking – feelings connection
- Writing about detailed trauma event
- Utilize worksheet assignments
- Address “stuck points” – distorted beliefs

## Prolonged Exposure

- Teach relaxation
- Expose person to discussing/experiencing traumatic event

# Moral Injury

- Types of **violations**: co-mission - omission
- Betrayal of trust in leaders
- Violation of moral, cultural, religious and/or other deeply held beliefs
- Military training emphasizes mission with suppression of individual beliefs
- Moral Injury does not have to come from a specific traumatic event

Soldiers suffer moral injury

Dr. William Nash

<http://youtu.be/VzRMKWYI9-Y>

# 'I'm a monster': Veterans 'alone' in their guilt

*By PAULINE JELINEK | Associated Press*

- Brett Litz, a clinical psychologist with the Department of Veterans Affairs in Boston, sees moral injury, the loss of comrades and the terror associated with PTSD as a "three-legged stool" of troop suffering
- "roughly a third, a third and a third" - those with fear, those with loss issues and those with moral injury

# Assessment (Differentiate)

**PTSD**

**Moral Injury**

**Grief**

**All or part of the above**

# Response to Stressful Life Experiences (Self Score)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images, of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience was happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they reminded you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being “super-alert” or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

# Moral Injury Events Scale (MIES)

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I saw things that were morally wrong.	1	2	3	4	5	6
2. I am troubled by having witnessed others' immoral acts.	1	2	3	4	5	6
3. I acted in ways that violated my own moral code or values.	1	2	3	4	5	6
4. I am troubled by having acted in ways that violated my own morals or values.	1	2	3	4	5	6
5. I violated my own morals by failing to do something that I felt I should have done.	1	2	3	4	5	6
6. I am troubled because I violated my morals by failing to do something I felt I should have done.	1	2	3	4	5	6
7. I feel betrayed by leaders who I once trusted.	1	2	3	4	5	6
8. I feel betrayed by fellow service members who I once trusted.	1	2	3	4	5	6
9. I feel betrayed by others outside the U.S. military who I once trusted.	1	2	3	4	5	6

# **Cognitive Processing Therapy**

Applied to Moral Injury

Particularly applicable to addressing:

**Stuck Points (problem thinking)**

# A – B – C Worksheet

ACTIVATING EVENT

BELIEF/STUCK POINTS

CONSEQUENCE

A

B

C

“Something happens”

“I tell myself something”

“I feel something”

<i>“I shot a teen while in combat. He ran into the line of fire.”</i>	<i>“I am a bad person. I killed a child.”</i>	<i>“I feel guilty, angry with myself, ashamed for what I did.”</i>
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Are my thoughts above in “B” realistic? **“No! It was an accident. I would never shoot a kid on purpose. I’m not a bad person for this. It was an accident. The battle was intense.”**

What can you tell yourself on such occasions in the future? **“I regret what I did. He appeared out of nowhere. Had I seen him I wouldn’t have fired in his direction. This doesn’t make me a bad person.”**

# **Adaptive Disclosure (AD)**

**Treatment for Moral Injury & Grief**

**Forgiveness: central to recovering  
from Moral Injury**

- **Forgiveness of self and/or others**

# Adaptive Disclosure

## **1. Establish trust and rapport**

- Therapist conveys no expression of disgust or fear, and cannot show condemnation at what is said

## **2. Provide education about the process**

- Therapist talks about moral injury and its impact
- Sharing of painful content can promote health
- Shameful information can be shared without condemnation

**3. Detailed disclosure of the “event” including feelings and beliefs**

**4. Imaginal dialogue with a “compassionate moral authority”**

- Apply the “empty-chair” exercise for a real-time conversation with imagined compassionate, generous, supportive, forgiving moral authority
  - Parent, coach, leader, teacher, spiritual authority
  - Client plays roles of both confessor and moral authority chosen

## 5. Apportioning blame

- Have the soldier assign blame to all factors that might possibly be involved: from 0% to 100%
- Example of fellow soldier dying by sniper's bullet sitting in the vehicle next to you.

How would you apportion blame in this case?

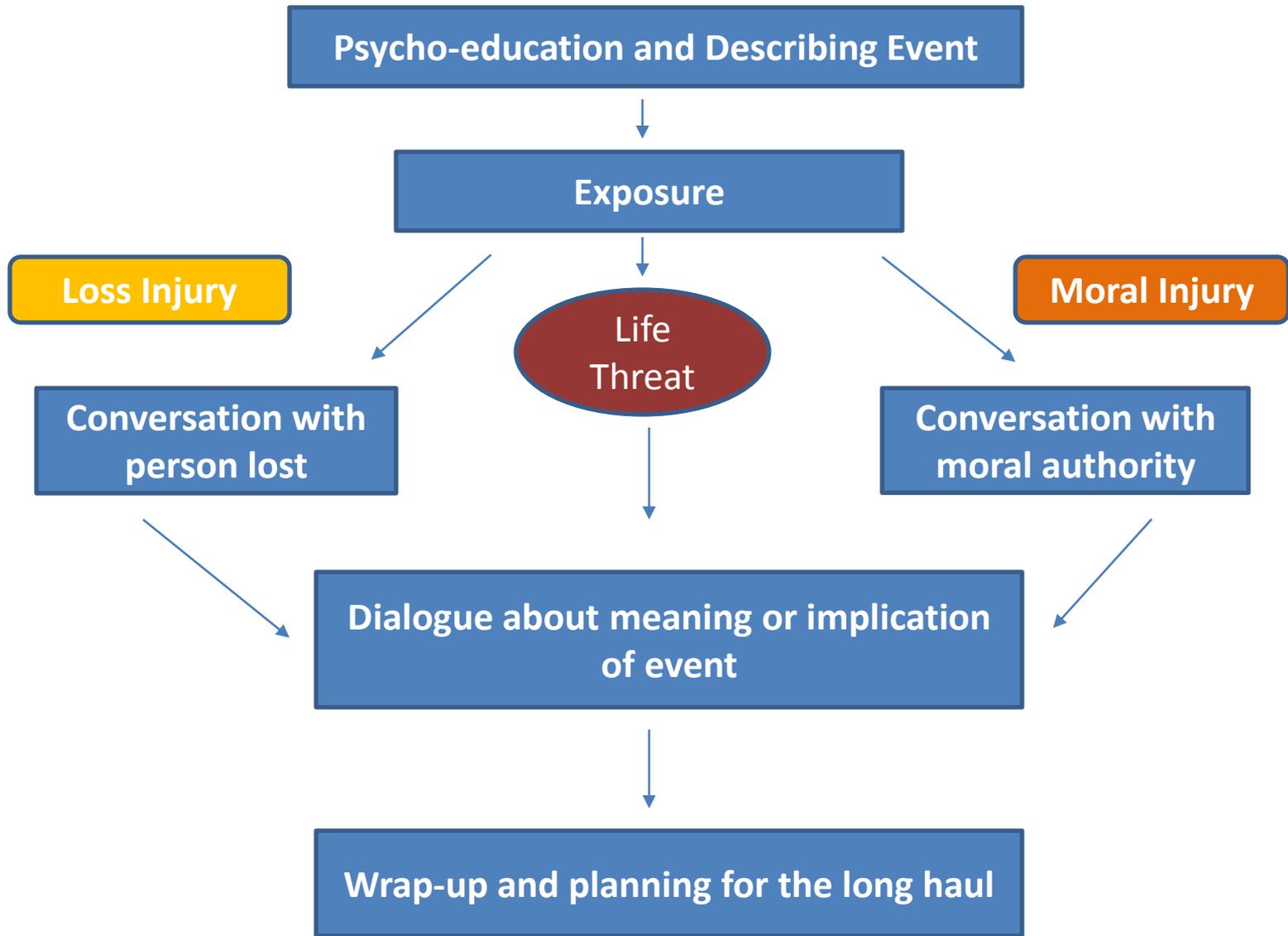
- Make or seek amends for one's own share (percent) of the blame

## **6. Acceptance, apportioning blame, seeking amends may take time**

- Deliberate compassion toward oneself and others is likely to promote acceptance and forgiveness
- Giving to community (amends)

**Nash, William and Litz, Brett. *Moral Injury: A Mechanism for War-Related Psychological Trauma in Military Family Members*, Clinical Child and Family Psychological Review, Springer Science+Business Media, New York (2013)**

# Flow of Adaptive Disclosure Sessions



# Bringing Them Back Community Response

- Honor
- Cleansing
- Story-telling
- Forgiveness
- Atonement



# Repairing souls

## Dr. Rita Brock

<http://youtu.be/A4ZbCxU0vW4>

# NECESSITIES OF RETURN

## (Reverse Boot Camp)

Edward Tick, Ph.D. Presentation at Muskogee VA Hospital

18 February 2013

- **ISOLATION & TENDING**

- Warriors are not expected to fit back in right away; they need to be tended by others

- **AFFIRMATION OF A WARRIOR DESTINY**

- “Yes, I will accept the role/hardship of being a warrior – the consequences”

- **PURIFICATION AND CLEANSING**

- Sacred rituals and traditions: “sweat lodges,” religious confessionals

- **STORYTELLING**

- Stories passed on to other veterans and the community are told when ready

- **RESOLUTIONS IN THE COMMUNITY**

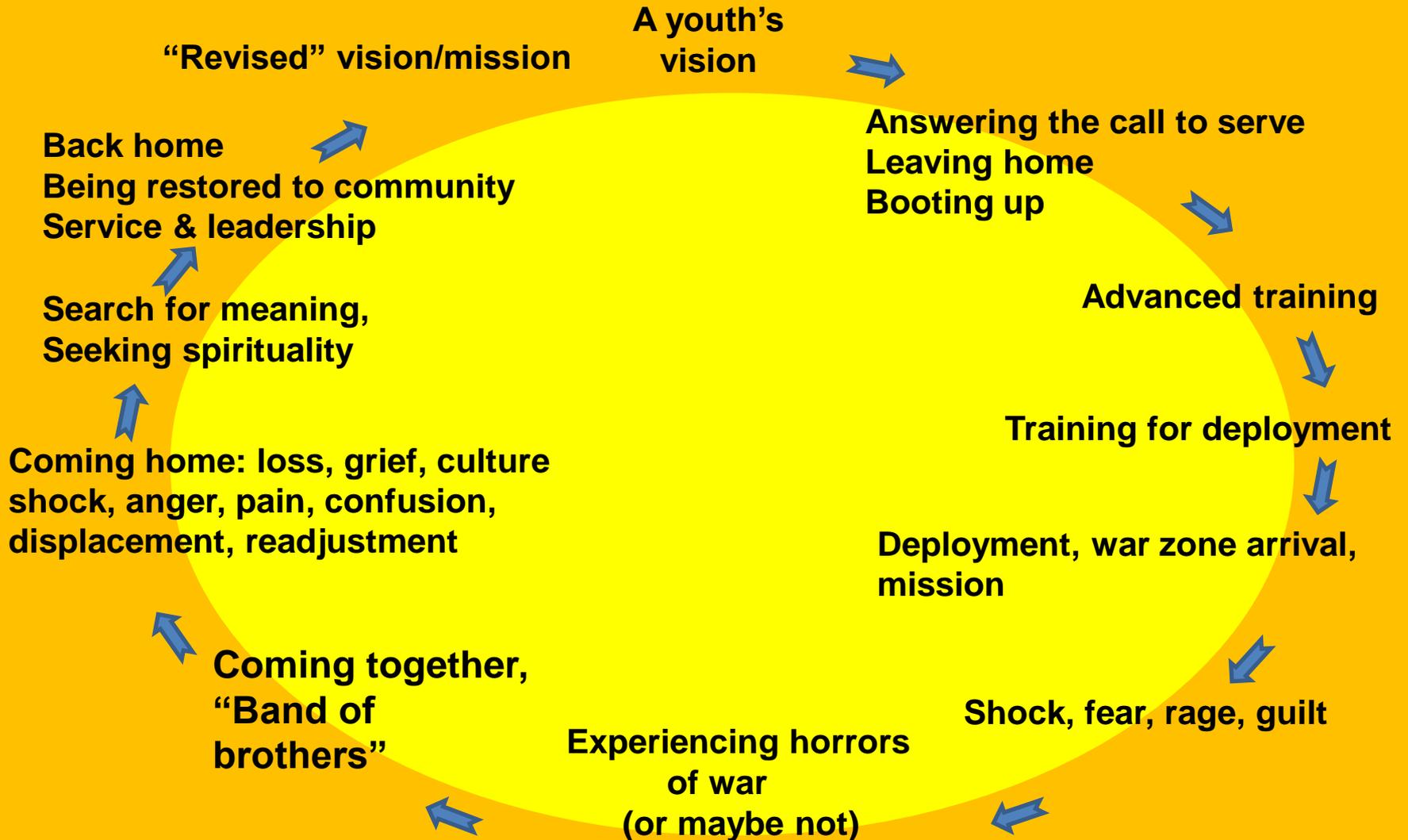
- “They are our warriors and we lift the responsibilities of their actions from their shoulders (on to ours)....we too are responsible”
- Atonement—assist personal healing by contributing or investing in others (community service)

- **INITIATION AS AN ELDER WARRIOR (LEADER)**

- Recognize older warrior class and encourage participation in service (community service)

# A Soldier's Transition

(Adapted from Edward Tick, A Soldier's Heart Transformational Model, Soldier's Heart, 500 Federal Street, Suite 302, Troy, NY 12180, info@soldiersheart.net (518) 274-0501)



# Tulsa Police PTSD training video

<http://youtu.be/Qi2VJJbxq4A>

# To Get Presentation

PDF version with links to videos (requires internet connection)

<http://drlannyendicott.com.tripod.com> (Veterans Initiative)