

Identifying Clinically Meaningful Moral Injury Among Veterans at End of Life

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Todd McKee, M.Div.

July 16, 2024 @ 1500 Eastern



Presenter Information

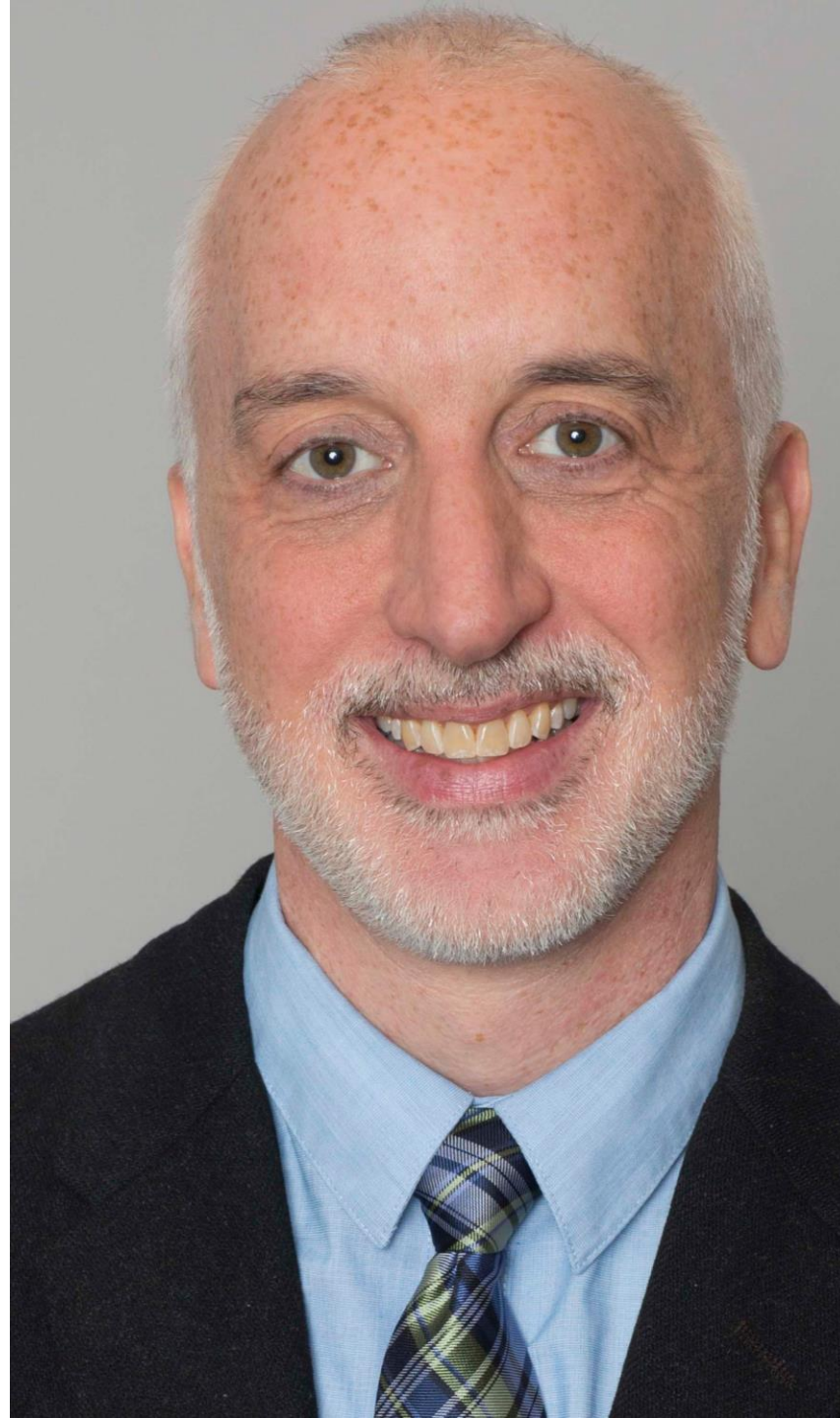
Brandon J. Griffin, PhD, is a staff psychologist at the Central Arkansas Veterans Healthcare System and Assistant Director of Research for the South Central MIRECC in Little Rock, Arkansas.

Dr. Griffin has published more than 50 articles, 20 scholarly chapters, and one professional handbook. He is nationally recognized for his work on the conceptualization, assessment, and treatment of moral injury.



Presenter Information

Todd McKee, M.Div., is Program Manager of the PTSD Consultation Program at the National Center for PTSD where he works with a team of expert clinicians to provide resources, education, and consultation to providers who treat veterans in any setting.



Purpose Statement

- This live, knowledge-based webinar series for inter-professional health care teams, will help to prepare hospice providers and other health care teams to better understand the history and development of VA palliative and hospice care. This presentation will include a review of moral injury, including key aspects of its definition, how it may appear clinically in interactions with Veterans and how it is different from PTSD.

Disclosures

- The views expressed in this presentation do not necessarily reflect the official positions of the Dept. of Veterans Affairs or U.S. Government.
- Presenters Griffin and McKee have no financial conflicts of interest to disclose.

At the conclusion of this activity,
you will be able to:



Define moral injury and discuss its impact
on Veterans' well-being



Use the Moral Injury and Distress Scale to
assess probable moral injury in Veterans



Discuss application of moral injury care at
end of life among Veterans

Objective 1

Define moral injury and discuss its impact on Veterans' well-being

SEC. 506. EXPANSION OF SUICIDE PREVENTION AND MENTAL HEALTH RESEARCH.

(a) RESEARCH ON MORAL INJURY.—The Secretary of Veterans Affairs, acting through the Office of Research and Development of the Department of Veterans Affairs, shall conduct suicide prevention and mental health care improvement research on how **moral injury** relates to the mental health needs of veterans who served in the Armed Forces after September 11, 2001, and best practices for mental health treatment for such veterans.

Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022 (H.R.6411)

Moral Injury (MI) refers to distress and impairment resulting from exposure to an event that transgresses one's beliefs of acceptable conduct.

Hallmark Indicators include:

- Intractable Guilt and Shame
- Self-sabotaging Behavior
- Withdrawal from Others
- Lack of Meaning or Purpose



Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical psychology review*, 29(8), 695-706.

Individuals may be exposed to potentially morally injurious events (PMIEs) in multiple ways:

- (1) they may transgress their own beliefs either by what they did or failed to do.
 - i.e., **personal responsibility** for a PMIE
 -
- (2) they may witness or learn about others within a shared group acting in ways that they believe is morally wrong
 - i.e., **collective responsibility** for a PMIE

Examples of Mil-Related PMIEs

- Participating in a firefight where civilians were injured or killed, especially vulnerable older adults, women, and children.
- Failing to prevent a fellow service member from being injured or killed in action regardless of mission success.
- Witnessing civilians suffer from poverty, famine, or terrorism and not being able to help them.



PMIE exposure and Suicide

- In a nationally representative sample of Post-9/11 Veterans, those exposed to a PMIE were up to **2x as likely to attempt suicide** after separating from military service, particularly **men** and those who endorsed **participating in a PMIE**.
- PMIE exposure explained risk for suicide attempt **above and beyond** other risk factors like PTSD, depression, and pre-military history of suicidal ideation and attempt.



Other Correlates of PMIE Exposure

- Posttraumatic Stress
- Depression
- Insomnia
- Impaired Relationship Functioning
- Impaired Occupational Functioning
- Poor Health Behavior



Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., ... & Maguen, S. (2019). Moral injury: An integrative review. *Journal of traumatic stress*, 32(3), 350-362.

Poll Question 1

Moral injury and PTSD are distinct responses to different kinds of highly stressful events.

True or False

Poll Question 1

Moral injury and PTSD are distinct responses to different kinds of highly stressful events.

True

35% of Veterans with PTSD and 9% of those without PTSD report participating in a PMIE

50% of Veterans with PTSD and 20% of those without PTSD report witnessing a PMIE

Moral Injury & PTSD

Moral Injury

- Stress-Related Syndrome
- Exposure to an event involving transgression of one's internalized beliefs about acceptable conduct
- No formalized diagnostic criteria
- Assessment and treatment not part of routine VA care

PTSD

- Stress-Related Syndrome
- Exposure to an event involving actual or threatened death, serious injury, or threat to physical integrity
- Formalized diagnostic criteria
- Assessment and treatment incorporated into routine VA care

Bryan, C. J., Bryan, A. O., Anestis, M. D., Anestis, J. C., Green, B. A., Etienne, N., ... & Ray-Sannerud, B. (2016). Measuring moral injury: Psychometric properties of the moral injury events scale in two military samples. *Assessment*, 23(5), 557-570.

Objective 2

Using the Moral Injury and Distress Scale to assess probable moral injury in Veterans

Moral Injury and Distress Scale

Instructions: People sometimes experience, witness, or learn about situations that go against their deeply held moral beliefs and values. They may: 1) act against their morals and values by doing something, 2) fail to do something, or 3) witness others commit highly unethical acts.

For example, healthcare workers or first responders may have to make decisions that affect the wellbeing or survival of others or cannot do enough to save someone, parents may make ethically-challenging decisions that end up hurting their children, military service members may cause harm or fail to protect others during war, drivers may get in an accident where others are hurt, border patrol or police may receive orders that contradict their morals/values (e.g., hurting others based on race or immigration status), people may witness others or even their leaders take part in acts that get others hurt or killed.

*Please think about whether you have ever done something, failed to do something, or witnessed an event that went against your own deeply held morals or values. We are focused here on major events that significantly impacted your life rather than smaller scale experiences, such as hurting someone by telling a white lie. **Indicate below how much the following statements are true for you.***

EXPOSURE		RATING				
		Not at all	A little	Moderately	Quite a bit	Extremely
1. I acted in ways that violated my own morals or values.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1a. I am bothered by what I did.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I violated my own morals or values by failing to do something I should have done.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a. I am bothered by what I did not do.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I saw things that violated my own morals or values.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3a. I am bothered by what I saw.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If all answers equaled 0, skip the rest of this questionnaire.

For the following list, please pick the event or series of events (from the list #1 – 3 above) that is most troubling to you or that you think about the most, and answer these questions:

(a) Please write a few sentences to briefly describe the event(s):

(b) What is most upsetting about it to you? _____

(c) What do you wish you would have done differently?

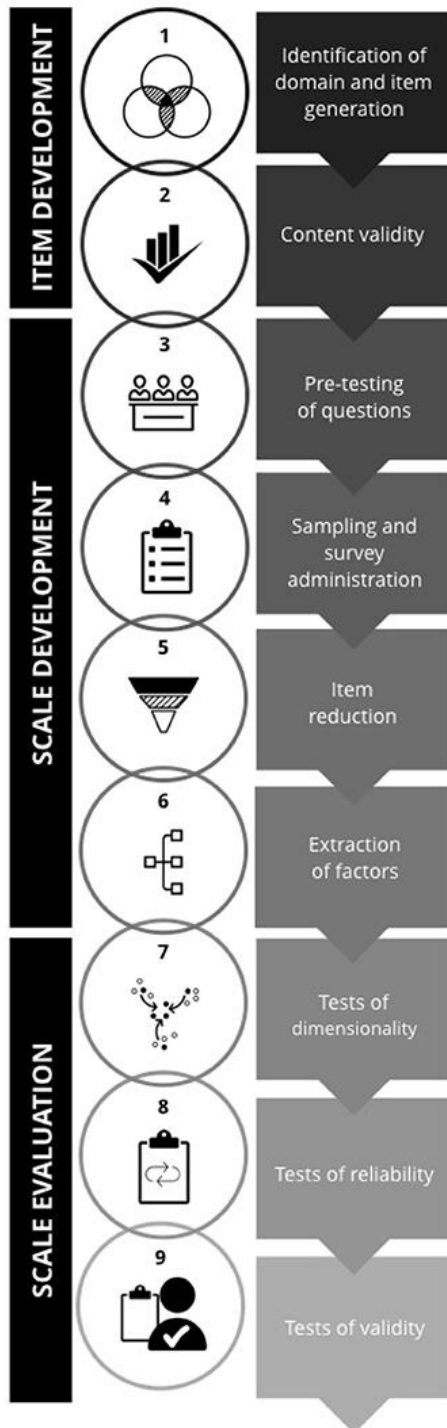
How often did this event or series of events occur?

- ☐ a) 1 time ☐ b) A few times ☐ c) Often ☐ d) Very often

How long ago did the event(s) occur? _____ Years _____ Months

Keeping the most distressing event(s) and their impact on your life in mind, indicate how true each of the following statements was for you over **the last month**:

Because of what I did, failed to do, or witnessed that went against my morals and values...	Not at all	A little	Moderately	Quite a bit	Extremely
1. I think about how I should have been able to do more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have withdrawn from others more often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I doubt my own judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I do not feel like I deserve to be happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I self-sabotage things in my life more often (relationships, things at work).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My life feels like it has less purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am worried that bad things will happen to me or my loved ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have punished myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel disgusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I do not seek support because I feel like I do not deserve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I do not seek support because I worry others would not understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel betrayed by leaders or institutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel powerless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I should not be forgiven.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My spirituality/faith is no longer a source of comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I do not take good care of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



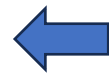
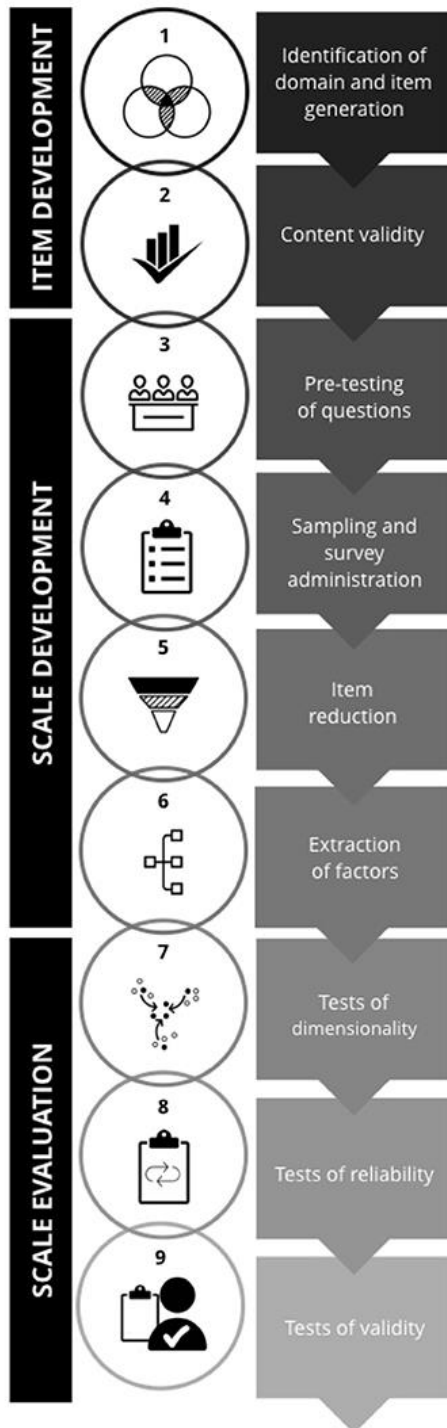
Item Generation

- We created a brief definition of moral injury based on theoretical models and clinical experience.
- We generated 41 candidate items assessing potential responses to PMIE exposure
- Four subject matter experts reviewed the candidate items and suggested revisions.

Norman, S. B., Griffin, B. J., Pietrzak, R. H., McLean, C., Hamblen, J. L., & Maguen, S. (2023). The Moral Injury and Distress Scale: Psychometric evaluation and initial validation in three high-risk populations. *Psychological trauma: theory, research, practice, and policy*.

Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quinonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: a primer. *Frontiers in public health*, 6, 149.

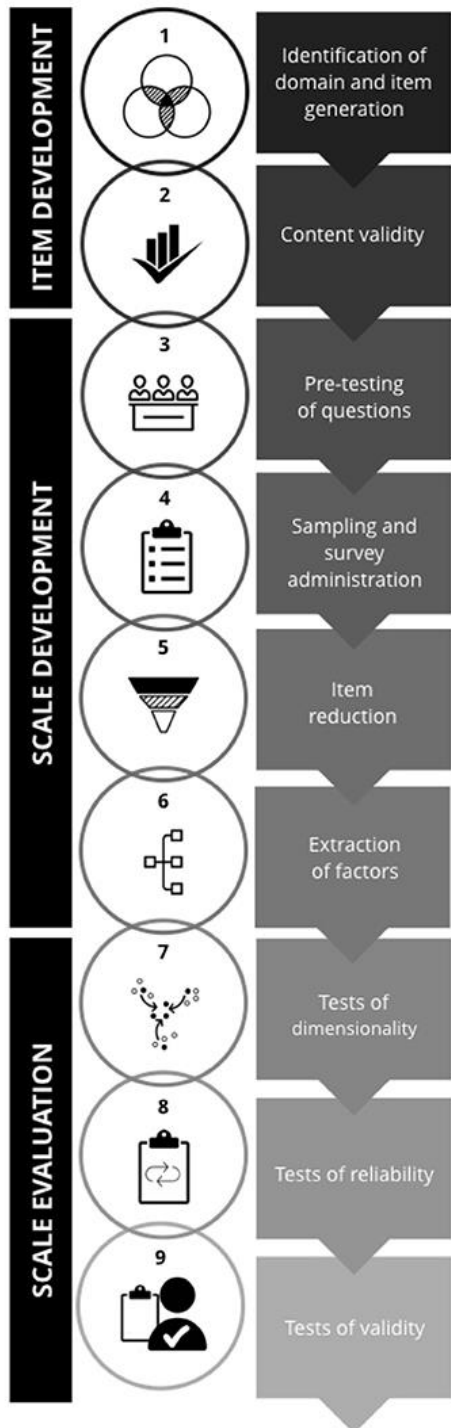
Item Pre-Testing



- Pre-tested questions with potential consumers
 - Veterans Engagement Group ($n = 5$)
 - Police, Fire, Paramedics/EMT ($n = 3$)
 - Healthcare Providers ($n = 10$)
- Individual interviews focused on consumers' reactions to the scale and how to improve fit for each setting

Survey Administration

- We administered an electronic survey to nationally representative samples of relevant populations via IPSOS.



Military Veterans
($N = 401$)



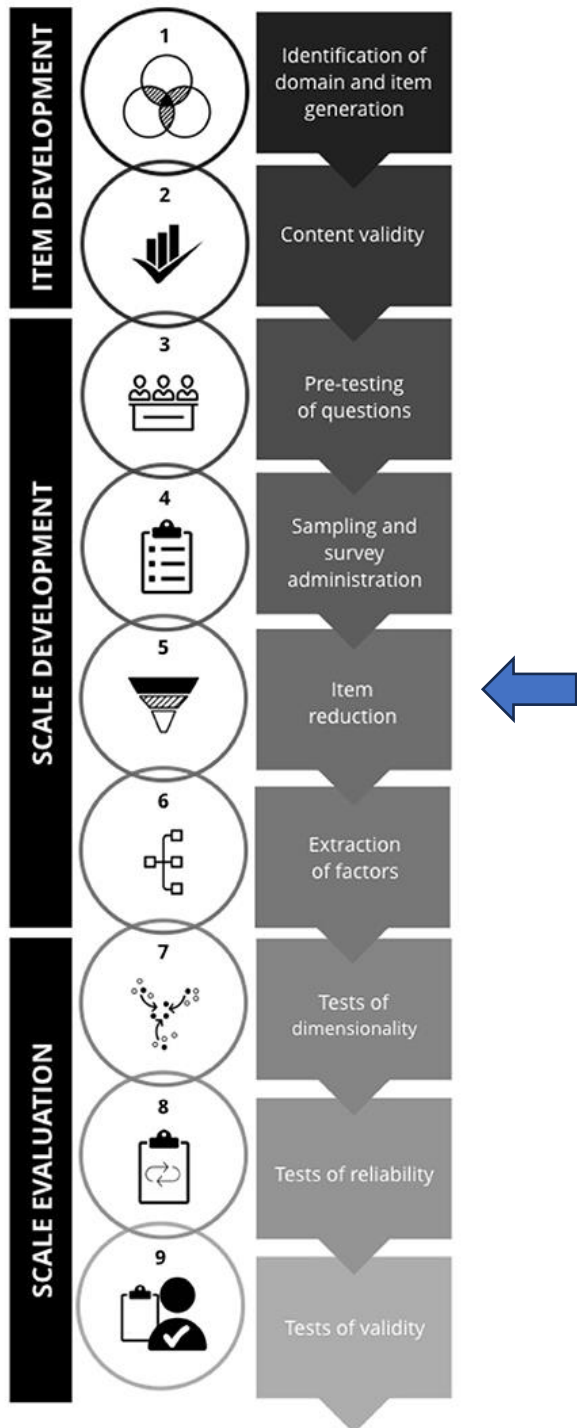
Healthcare Workers
($N = 431$)

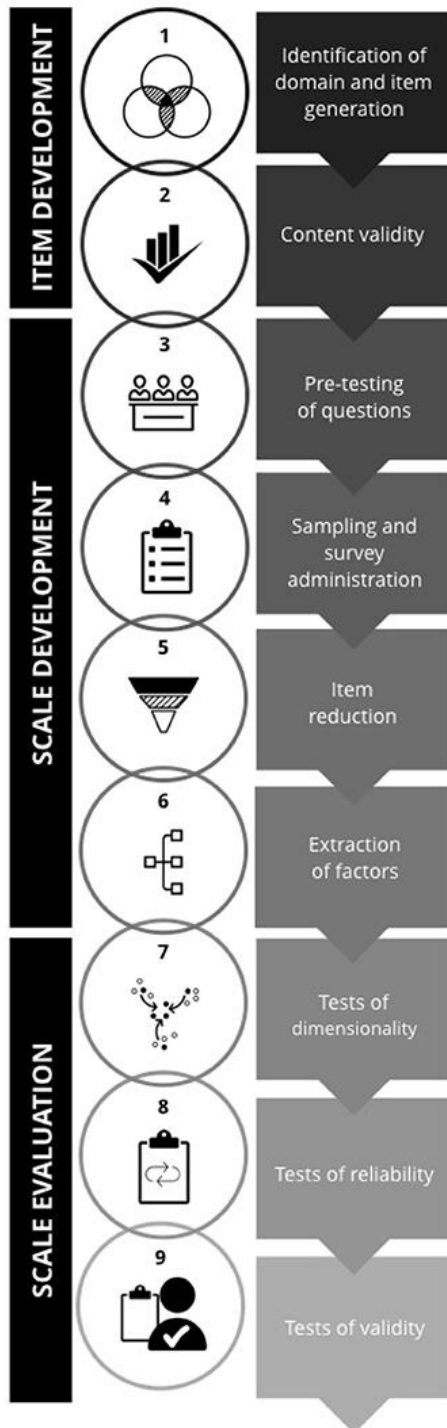


First Responders
($N = 400$)

Scale Development

- Limited sample to those with valid PMIE exposure
- Item Discrimination Index
 - Difference in proportion who endorsed at least moderate for each item between respondents with low and high scores on sum full-scale score
 - Dropped two items that failed to discriminate ($\text{diff} < .20$)
- Inter-item Correlations
 - When a two items highly correlated, retained only the item with greater discriminatory ability
 - Dropped 7 items with content that overlapped with at least one retained item ($r = .70$).



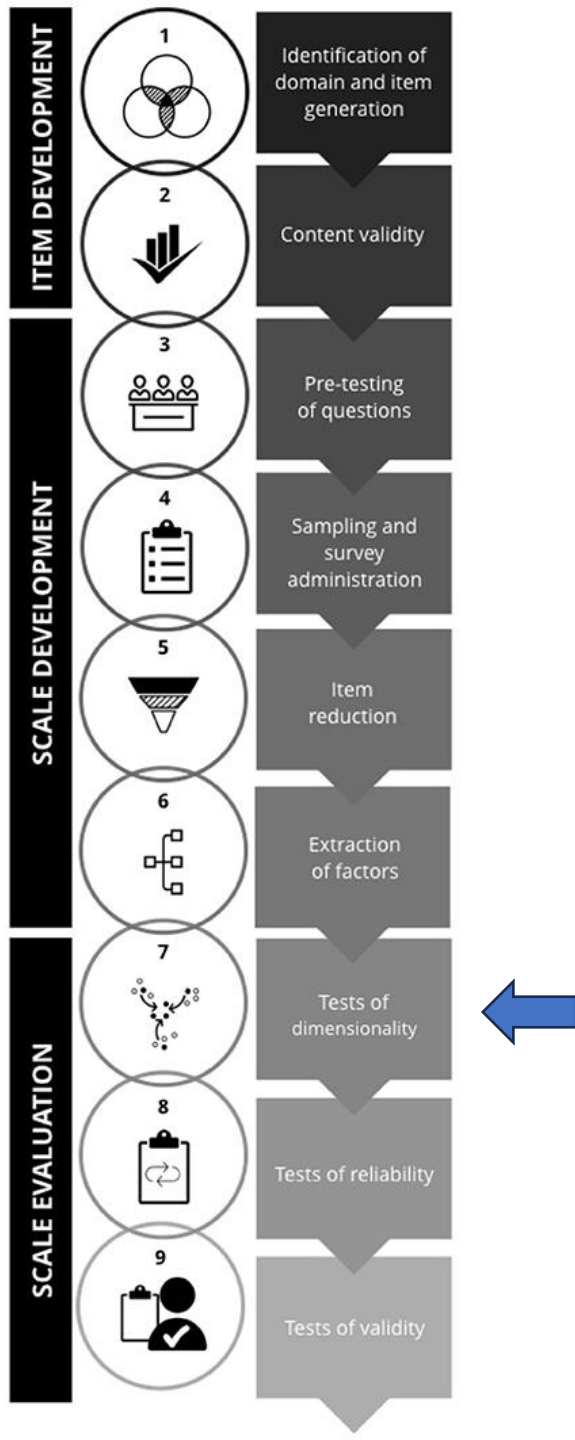


Extraction of Factors

- Divided the PMIE-exposed sample into initial validation ($n = 582$) and cross-validation ($n = 371$) subsamples.
- Exploratory Factor Analysis using parallel analysis supported a single-factor solution in the initial validation subsample.
- Confirmatory Factor Analysis replicated the single factor solution in the cross-validation subsample.
 - $\chi^2 (134, N = 371) = 298.04, p, .001, RMSEA = .057$ ($[0.049, 0.066]$, $p = .080$), CFI = 0.91, SRMR = 0.052

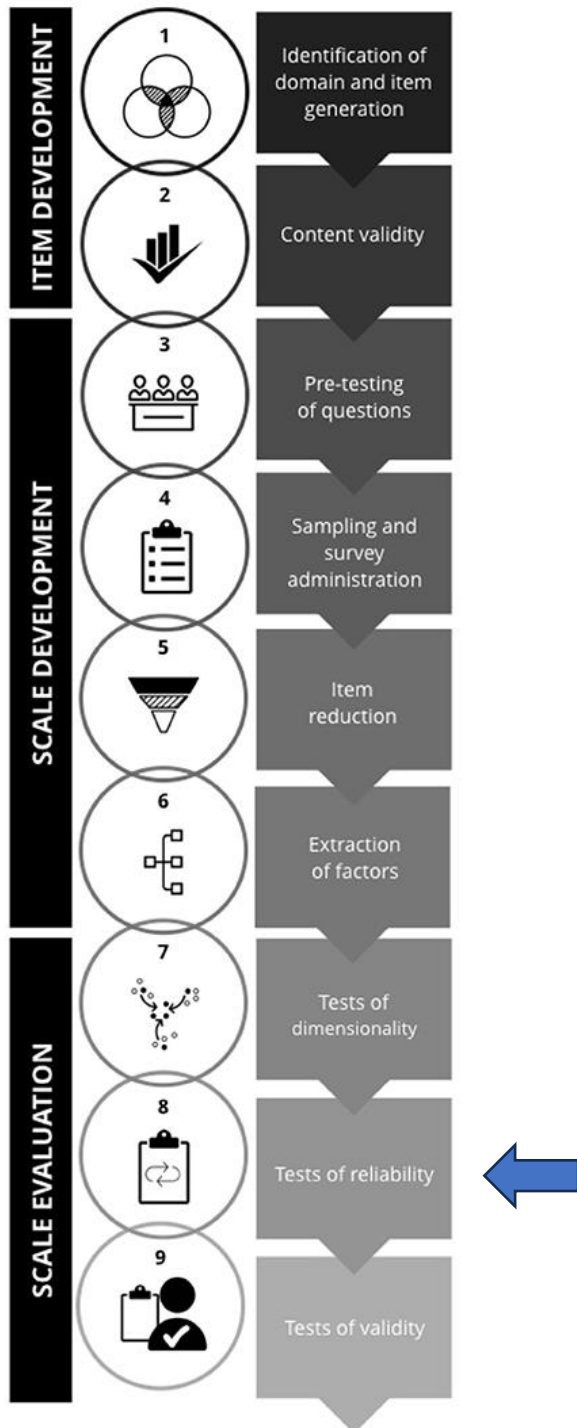
Dimensionality

- Combined the initial validation and cross-validation subsamples into a full sample
- Calculated a series of tests for configural, metric, and scalar invariance across groups.
- Measurement models were generally similar with only minor item-level differences.
 - Intercept for “I should not be forgiven” was higher for Veterans relative to First Responders



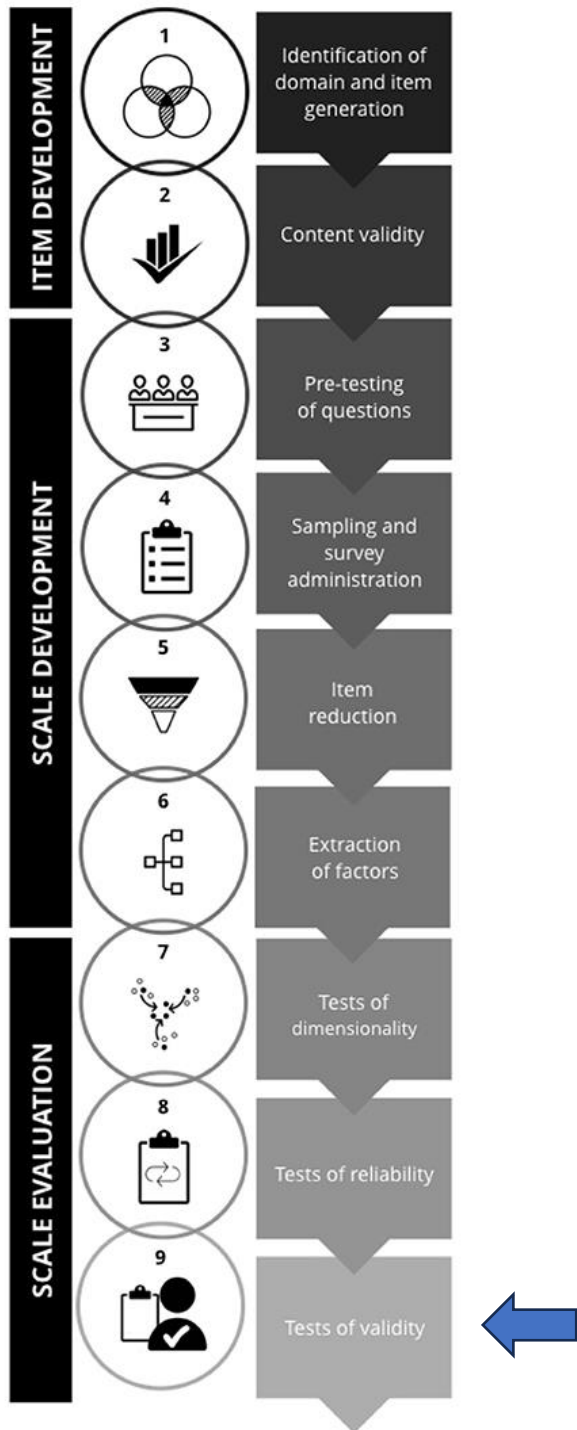
Reliability/Stability

- Internal consistency of MIDS scores was excellent for the full sample ($\alpha = .95$) and for veterans ($\alpha = .94$), healthcare workers ($\alpha = .95$), and first responders ($\alpha = .94$).
- Scores were moderately correlated across a 2-week interval ($r = .68$, $p < .001$, $n = 155$).



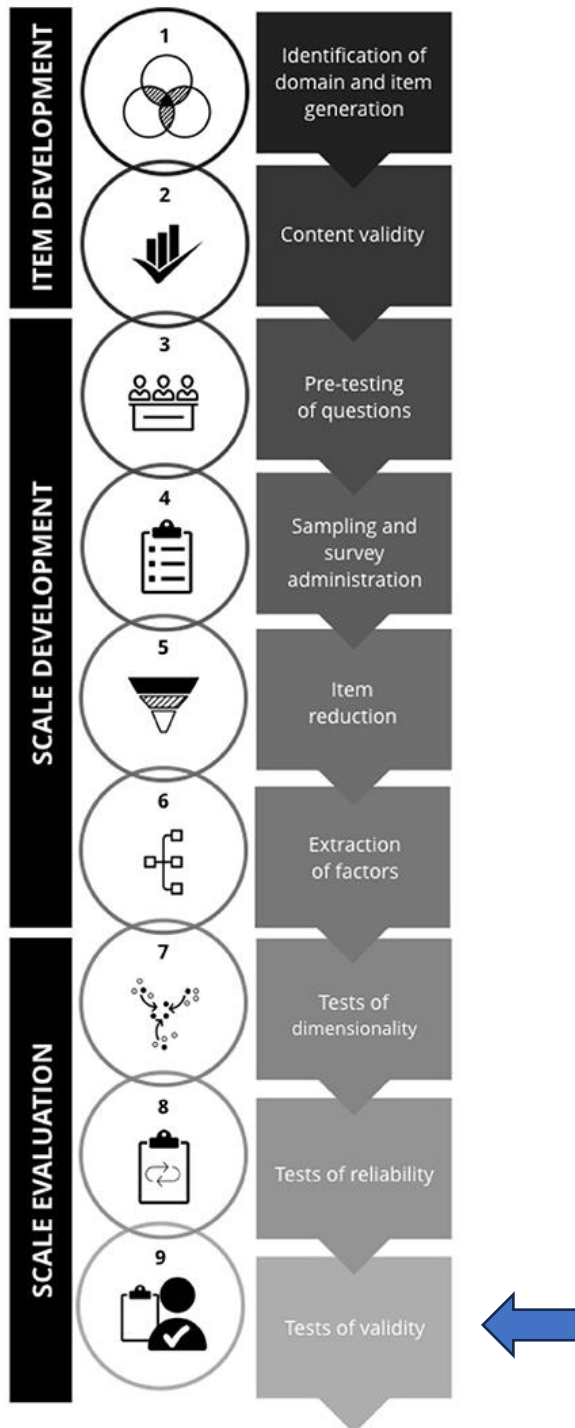
Validity

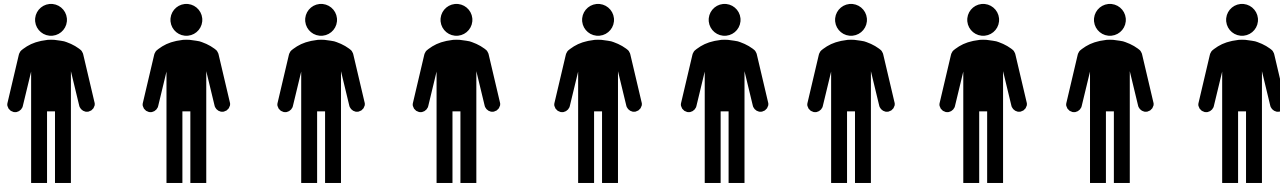
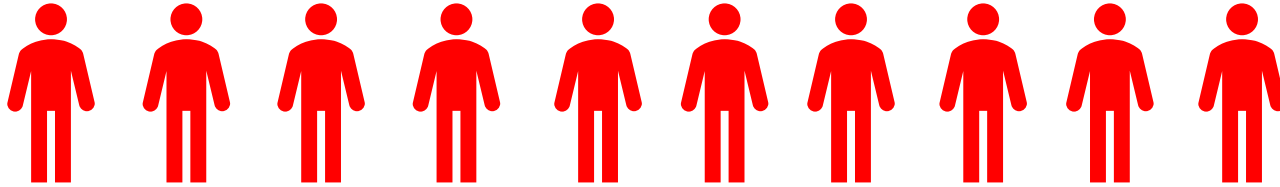
- Scores on the MIDS were positively and strongly related to scores on measures of trauma-related shame ($r = .68, p < .001$) and guilt ($r = .69, p < .001$).
- Scores on the MIDS were positively and strongly associated with measures of depression ($r = .60, p < .001$) and posttraumatic stress ($r = .67, p < .001$).
- Associations with insomnia ($r = .51, p < .001$) and hazardous alcohol use ($r = .18, p < .001$) were also positive and small to moderate in magnitude.



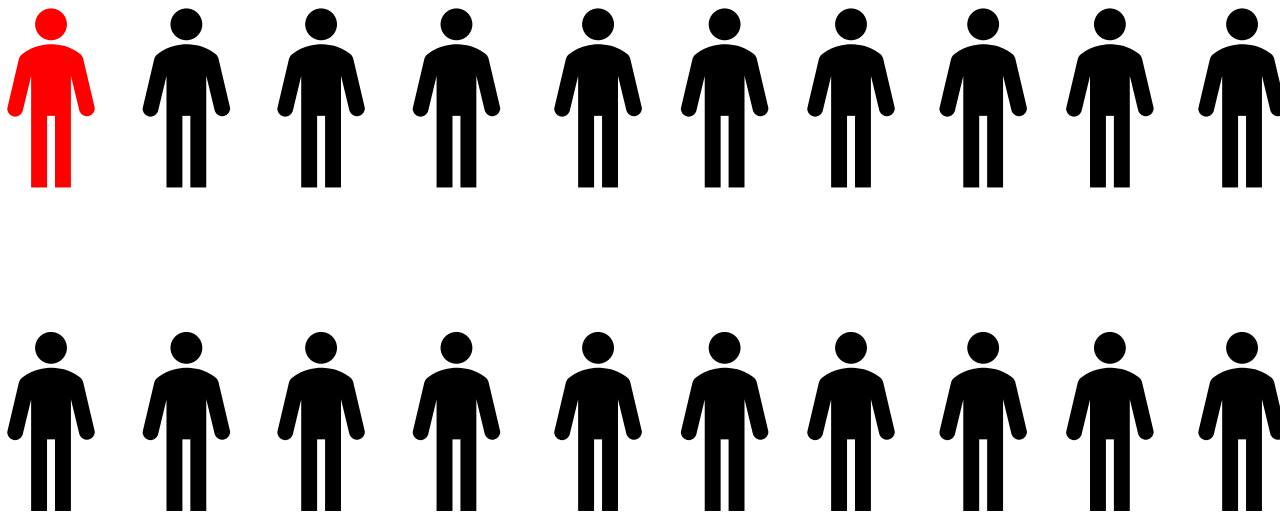
Clinical Utility

- Signal Detection Methods identified the optimally efficient cut score on the MIDS for identifying probable moral injury.
 - Posttraumatic Stress Disorder Checklist
 - Patient Health Questionnaire
 - Trauma-Related Guilt Inventory
 - Brief Inventory of Psychosocial Functioning
- Determined a score of **27 or greater** to be indicative of probable moral injury.
 - PCL: PPV = .76, NPV = .95
 - PHQ: PPV = .68, NPV = .92
 - TRGI: PPV = .54, NPV = .94
 - B-IPF: PPV = .56, NPV = .96





Overall, about **1 in 2 Veterans (49%)** endorsed participating in or witnessing a PMIE during their military service.



Overall, about **1 in 20 Veterans (6.0%)** screened positive for probable moral injury, after adjusting for age, gender, race and ethnicity.

Poll Question 2

Scoring algorithms are available for the 18 MIDS symptom items to obtain (1) a continuous score where higher values indicate greater distress and (2) a discrete score indicative of probable moral injury.

True or False

Poll Question 2

Scoring algorithms are available for the 18 MIDS symptom items to obtain (1) a continuous score where higher values indicate greater distress and (2) a discrete score indicative of probable moral injury.

True

The 18 MIDS items assessing cognitive, emotional, social, and spiritual sequelae of moral injury may be **summed to create an overall composite (possible range: 0-72)** indicative of increasing symptom severity, and scores **equal to or greater than 27** are indicative of probable moral injury.

Objective 3

Discuss application of moral injury care at end of life among Veterans

Evidence-based Psychotherapies for Posttraumatic Stress Disorder

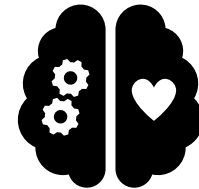
- Prolonged Exposure
 - PE has demonstrated effectiveness in reducing traumatic guilt
- Cognitive Processing Therapy
 - CPT goals including acceptance of naturally occurring emotions and challenging unrealistic cognitions might promote moral repair



Held, P., Klassen, B. J., Brennan, M. B., & Zalta, A. K. (2018). Using prolonged exposure and cognitive processing therapy to treat veterans with moral injury-based PTSD: Two case examples. *Cognitive and behavioral practice*, 25(3), 377-390.

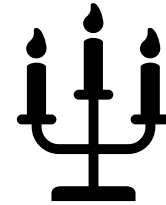
Novel Mental Health Interventions

- Adaptive Disclosure (Litz et al., 2016)
 - Secular confession process
 - Letter writing and lovingkindness meditation are sometimes incorporated
- Impact of Killing (Maguen and Burkman, 2013)
 - CBT framework targeting killing-related thoughts and feelings
 - Focus on self-forgiveness through letter-writing and making amends
- Trauma-Informed Guilt Reduction Therapy (Norman et al., 2022)
 - Focus on reduction of non-adaptive guilt responses through cognitive restructuring and value-congruent action



Spiritual Care for Moral Injury

- Building Spiritual Strengths (Harris et al., 2018)
 - Manualized Spiritually Integrated Group Counseling Intervention
 - Co-facilitated by Mental Health provider and Chaplain
- REAL: Reclaiming Experiences and Loss (Smigelsky et al., 2022)
 - Helps Veteran process their PMIEs from perspective of grief and loss
 - Facilitators and fellow veterans bear witness to each other's struggles and journey



End of Life Care Considerations

- Emerging treatments that address moral injury are delivered by mental health clinicians and/or chaplains across multiple 60-90 minute sessions primarily in specialty mental health clinics (e.g., VA outpatient PTSD clinics). They haven't formally been disseminated to across VA or to palliative and hospice care settings.
- These interventions may be less appropriate in a palliative/hospice setting, given the lack of sensitivity to end of life concerns.

Life Review Exercise

- Spontaneous or guided life reviews are a common at end of life and when facing a life-limiting illness.
- The process of life review involves reflecting on and evaluating one's life experiences.
- Moral injury might complicate the process, especially if Veterans have not made sense of their morally injurious experiences. Biographical, relational, and spiritual conflicts may ensue.

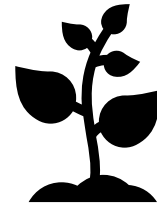
Implications of Moral Injury

- They may believe they do not deserve to die with dignity. They may reject care if they believe they should suffer to atone for what they did/failed to do.
- They may want to disclose about their morally injurious experiences or apologize to close others (“unfinished business”).
- They may have difficulty accepting death if they feel guilty/ashamed and see no opportunity to make amends.
- They may report religious/spiritual struggles, such as questioning r/s beliefs and rituals related to death and dying.



Clinical Application of Forgiveness

- Has the event you experienced made it difficult to forgive yourself/others?
 - If so, in what ways?
- What do you think would be the benefits of forgiving yourself/others?
 - Are there any drawbacks? If so, what are they?
- Whether it is a source of comfort or struggle currently, how important is it to you to forgive yourself/others?



Adapted REACH Forgiveness Plan

- Focus on Forgiving the Younger You
 - **Recall** the Event: often disclosing about the event to a benevolent other is helpful (e.g., clinician, chaplain)
 - **Empathize** with the Younger You: identify why you did what you did/didn't do, what constraints were on you, how you would have wanted things to be different
 - **Accept** the Gift of Forgiveness: receive forgiveness from others via letter-writing, imaginal exposures, faith traditions, etc.
 - **Commit** to Practicing Self-Compassion: acknowledge your capacity for growth alongside your limitations and mistakes
 - **Hold** on to Forgiveness: remind yourself of your decision to forgive yourself, including when difficult emotions resurface

Health Benefits of Forgiveness (not reconciliation)

- Practicing Forgiveness is associated with:
 - Decreased Depression, Anxiety, Hostility, and Stress
 - Increased Hope and Perceived Control
 - Lower Blood Pressure and Risk of Heart Attack
 - Better Immune System Functioning
 - Improved Sleep
 - Greater Relationship Satisfaction
 - Enhanced Meaning in Life



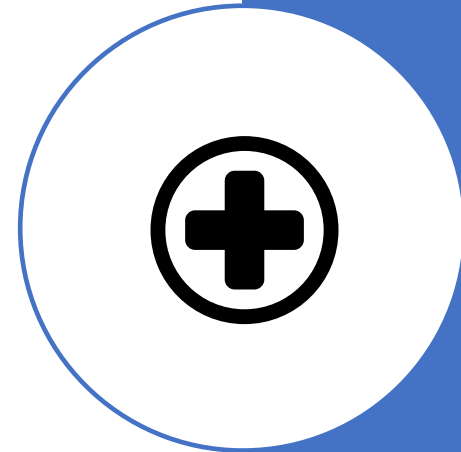
Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., ... & Westbrook, C. J. (2015). Forgiving the self and physical and mental health correlates: a meta-analytic review. *Journal of counseling psychology*, 62(2), 329.

Role of Chaplains

- Serve Veterans from all faiths/denominations
- Extend access to moral injury care beyond specialty mental health
- Conduct religious/spiritual histories and other assessment (e.g., sacred desecrations)
- Provide pastoral and spiritual support
- Administer religious/spiritual rituals and death rites
- Facilitate communication between Veterans, families, and medical providers

Self-Care for Clinicians

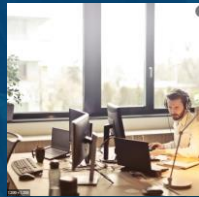
- Hospice/Palliative care has been identified as a hot spot for PMIE exposure among clinicians.
 - Enforcing precautions with the potential for collateral harm (e.g., visitation restriction during pandemic)
 - Time/staff constraints that affect care relationships and quality
 - Working conditions that put clinicians' families at risk
 - Making decisions that may have contributed to inequitable outcomes
- Underscores the importance of practicing self-care, seeking consultation when appropriate, and having a healthy work climate



Consultation Program

National Center for PTSD

PTSD and Moral Injury Resources from the National Center for PTSD



Todd McKee

Manager, PTSD Consultation Program
National Center for PTSD



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Mental Health and
Suicide Prevention

July 2024



Moral Injury and PTSD

- **Webpages**
 - For providers: [Moral Injury - National Center for PTSD](#)
 - For Veterans and the public: [Moral Injury and PTSD](#)
- **Assessment Tool**
 - [Moral Injury and Distress Scale \(MIDS\)](#)

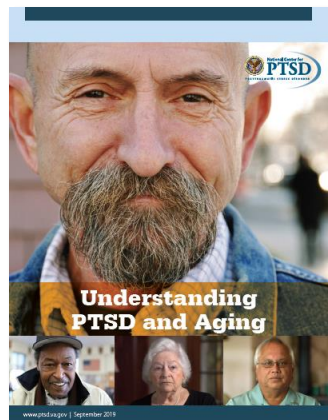
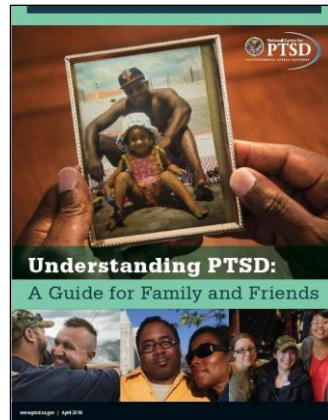
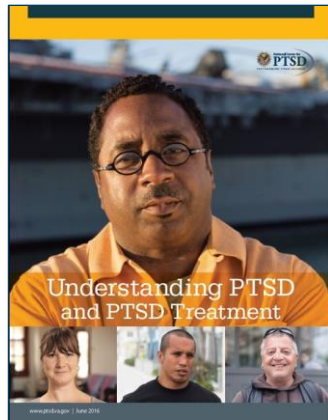


PTSD in Older Adults and at End of Life

- [PTSD and End of Life: Clinical Considerations for PTSD in Palliative or Hospice Care - National Center for PTSD](#) (webpage for providers)
- **Providing PTSD Care at End of Life** (recorded December 2023 in the [PTSD Consultation Program Monthly Lecture Series](#))
- [PTSD Assessment and Treatment in Older Adults](#) (webpage)
- [Posttraumatic Stress Symptoms among Older Adults: A Review](#) (webpage)



Understanding PTSD series

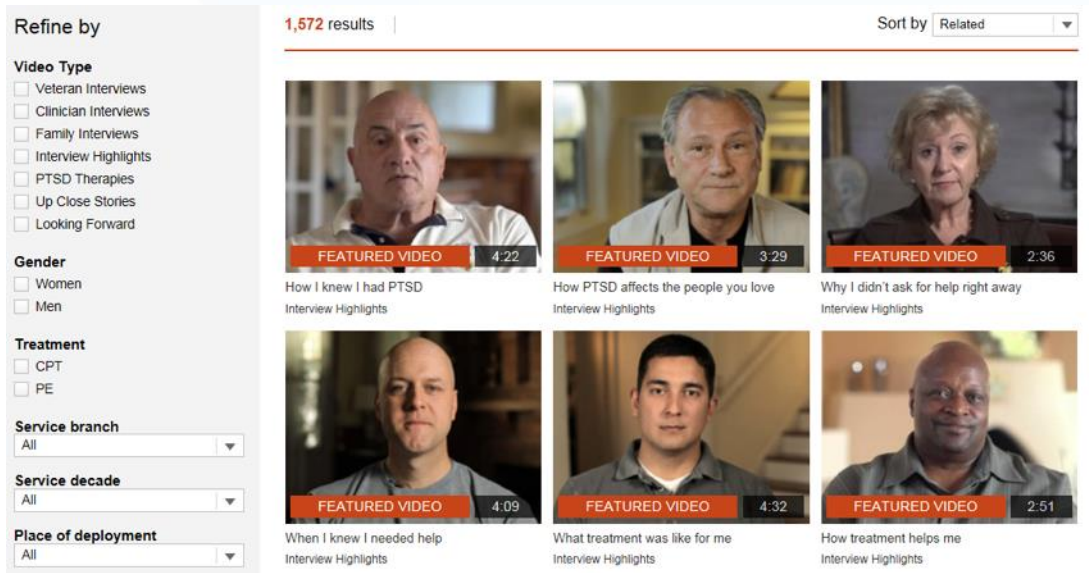


Print Materials - National Center for PTSD

Available for download or order for free from the Government Publishing Office

AboutFace: www.ptsd.va.gov/aboutface

New section on moral injury coming later this year



- Learn about PTSD treatment from people who have been there.
- Browse videos or search by era, service branch and more.

PTSD Consultation Program

We can help

- Are you screening and treating Veterans with PTSD?
We can help
- Do you have questions about PTSD in older Veterans?
We can help
- Are you looking for ways to care for yourself and your colleagues? We can help



PTSDconsult@va.gov



866-948-7880



www.ptsd.va.gov/consult



PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS



PTSD Consultation Program

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- No question is too big or too small: ask us anything about Veterans and trauma or PTSD
- Free and available to any kind of providers (includes case managers and peer support)
- Easy to use: there is no form to fill out—just email us at PTSDconsult@va.gov or call 866-948-7880
- We don't collect any identifying information about the veteran and the veteran does not need to be enrolled with VA

Thank you!

- Correspond with us at:

Brandon.Griffin2@va.gov or Todd.Mckee@va.gov

- Access the Moral Injury and Distress Scale on the National Center for PTSD website:

[Moral Injury and Distress Scale \(MIDS\) - PTSD:
National Center for PTSD \(va.gov\)](#)