

Community Hospices: Moral Injury in Vietnam Veterans

Sponsored by the
Empowering Community
Hospices Initiative



WE HONOR VETERANS

Course Objectives

After taking this course, participants will be able to:

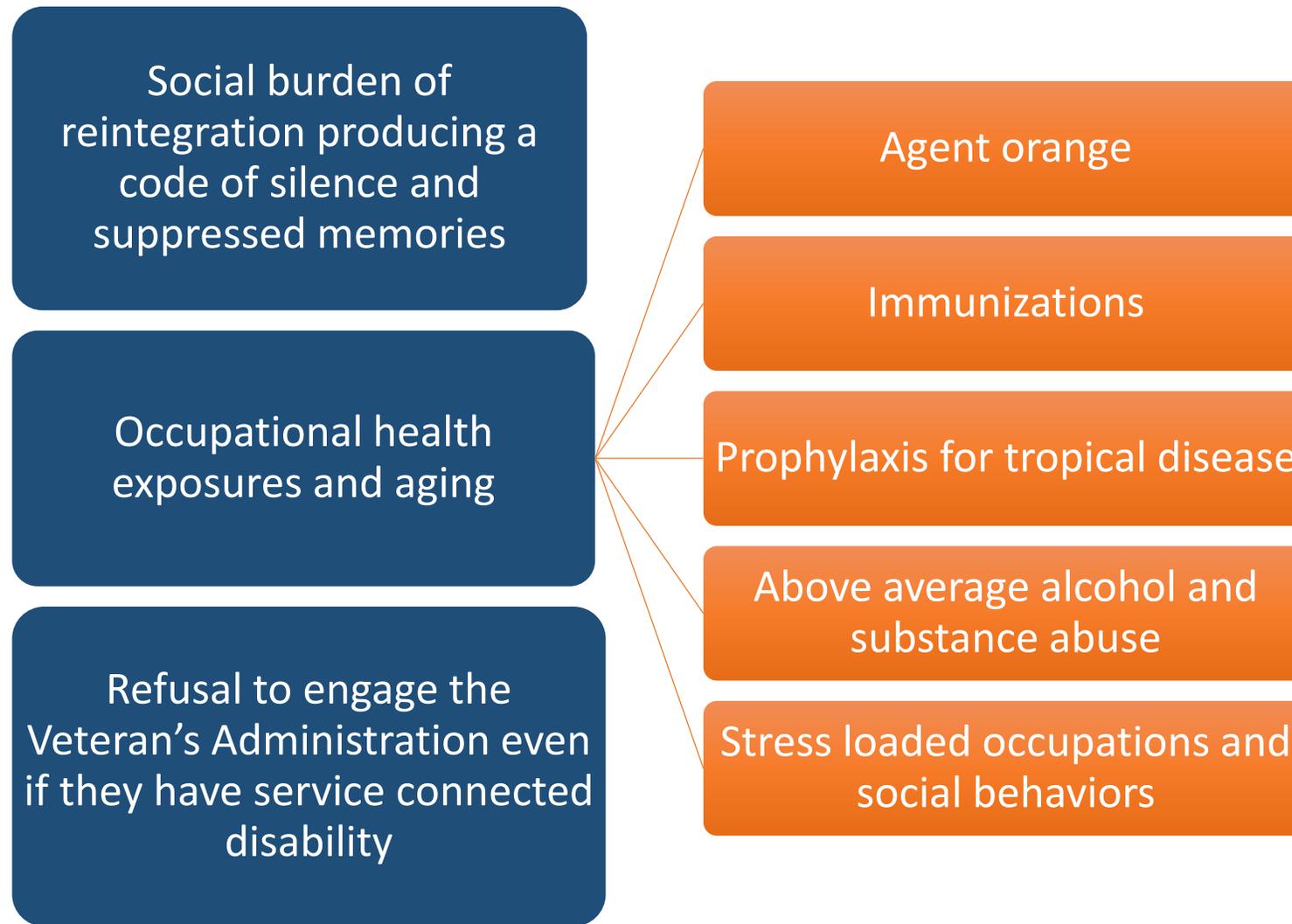
- Describe Moral Injury (MI)
- Identify how Moral Injury develops
- Understand the similarities and differences between Post Traumatic Stress Disorder (PTSD) and Moral Injury
- Describe how Moral Injury affects Vietnam Veterans at the end of life
- Understand how to care for Vietnam Veterans with Moral Injury at the end of life



Course Outline

- Vietnam Cohort Risk Factors
- What is Moral Injury?
- How are MI & PTSD different?
- Moral Injury approaches
 - Stress First Aid
 - Treatment
 - Case study for discussion





Viet Nam Veteran Cohort: Unique Risk Factors



Events are considered morally injurious if they transgress deeply held moral beliefs and expectations which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth....

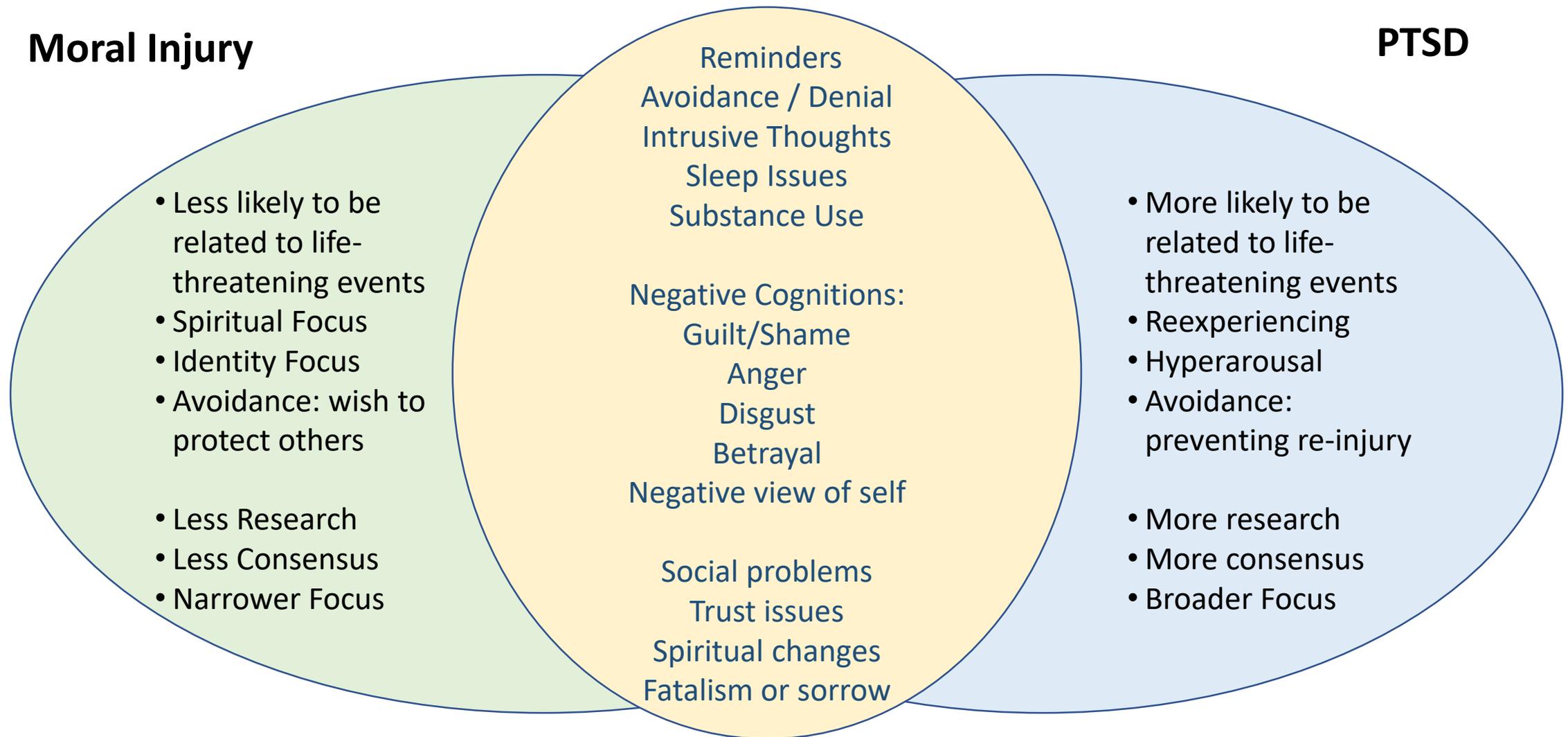


Moral Injury describes the harmful psycho-spiritual aftermath of exposure to such events.

What is Moral Injury?

Moral Injury

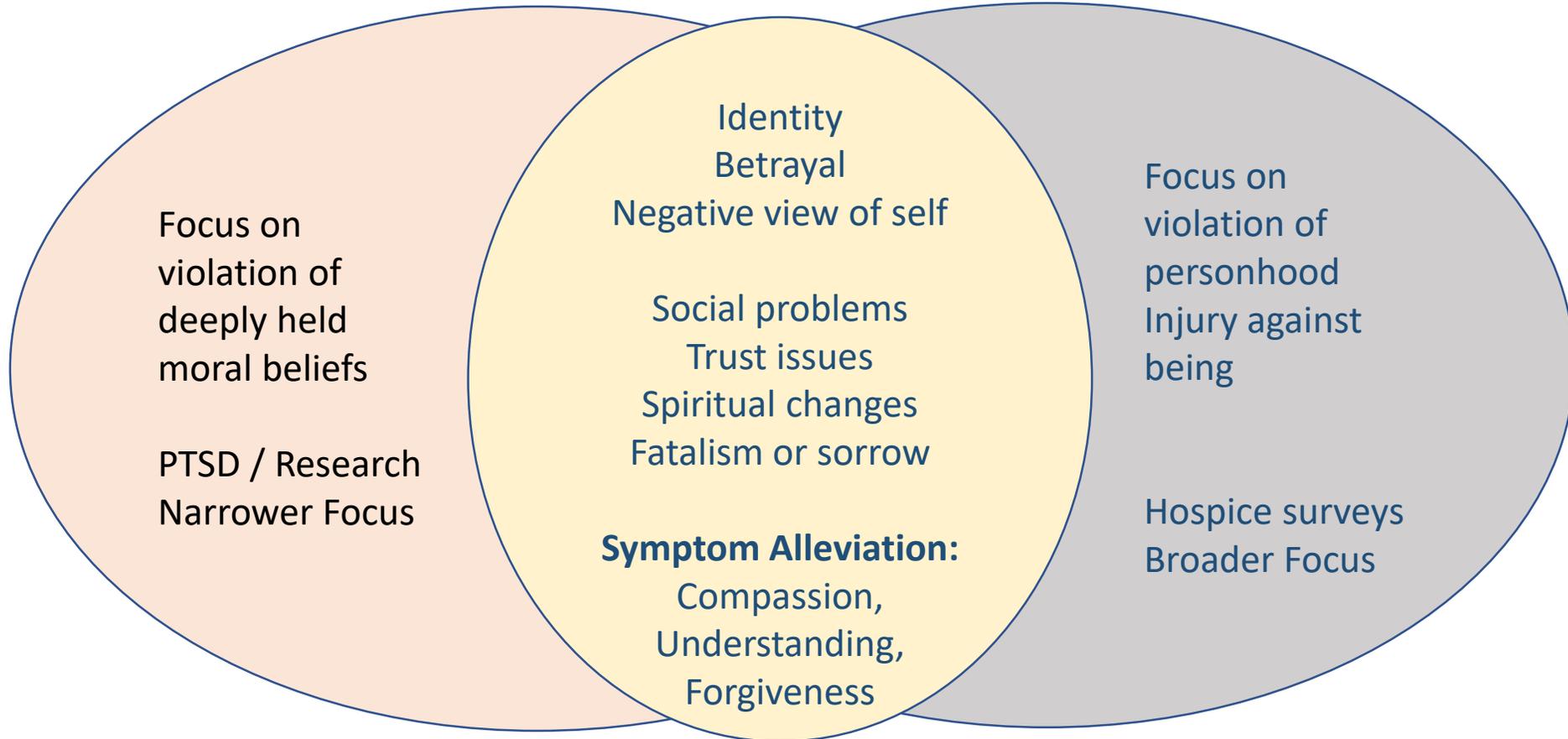
PTSD



Moral Injury / PTSD Symptom Overlap

Moral Injury

Soul Injury



Moral Injury / Soul Injury
Overlap

Experiences
That Could
Produce
Moral Injury



Perceived betrayal
(by peers,
leadership, civilians
or self)



Acts of
disproportionate
violence inflicted
on others



Engaging in or
witnessing acts that
violated personal
moral beliefs



Incidents involving
death or harm to
civilians



Within ranks
violence



Wishing you had
done something
that you didn't do

Moral Injury Guilt Examples in Veterans



Some Veterans feel guilty for NOT killing, or for enjoying killing



Some have to forgive comrades for unjustifiable acts that the Veteran felt powerless to confront



Noncombat veterans sometimes feel guilty when they have seen fellow soldiers volunteer for dangerous missions



Nurses and medics may feel guilty about the life and death decisions they made



Survivor's guilt is common; it can interfere with Veterans' ability to enjoy their lives



Others have guilt for killing women and children or committing "friendly fire" or intentional killing of perceived poor leaders



Some veterans feel guilty for what they have put their family through

Moral Injury & Veterans in Later Life

Life Review reopens unresolved emotional and spiritual wounds

Feeling as if they are unable to forgive self or be forgiven

Fearing that they are not worthy of redemption

Unable to trust anyone to open up about experiences

Despair due to loss of life meaning and purpose

When trying to provide a “thank you for your service” ceremony, a Vietnam Veteran’s wife said “don’t you dare come in here and do that – he thought they were coming to recruit him again.”

A Vietnam Veteran with Moral Injury starts to cast away family members at the end of life.

A Vietnam Veteran doing a life review casts himself as a murderer and believes death is hell. Because of this, he is not feeling at peace.

As combat Veteran gets to the end of life and has a lot of angst. He asks, “Are you sure you want to be with me? I’m a murderer.”

A Vietnam Veteran doesn’t feel understood because hospice staff assume his guilt is related to combat experiences. In reality, in combat he never felt more alive, he was surrounded by his best friends, he lived through it and survived. His moral injury occurred when he came home and felt that he was rejected by the people he was supposed to be protecting.

Moral Injury End of Life Examples I

Challenges with Formal Mental Health Treatments in Palliative Care / Hospice Settings

May require too much patient stamina

May require too much time

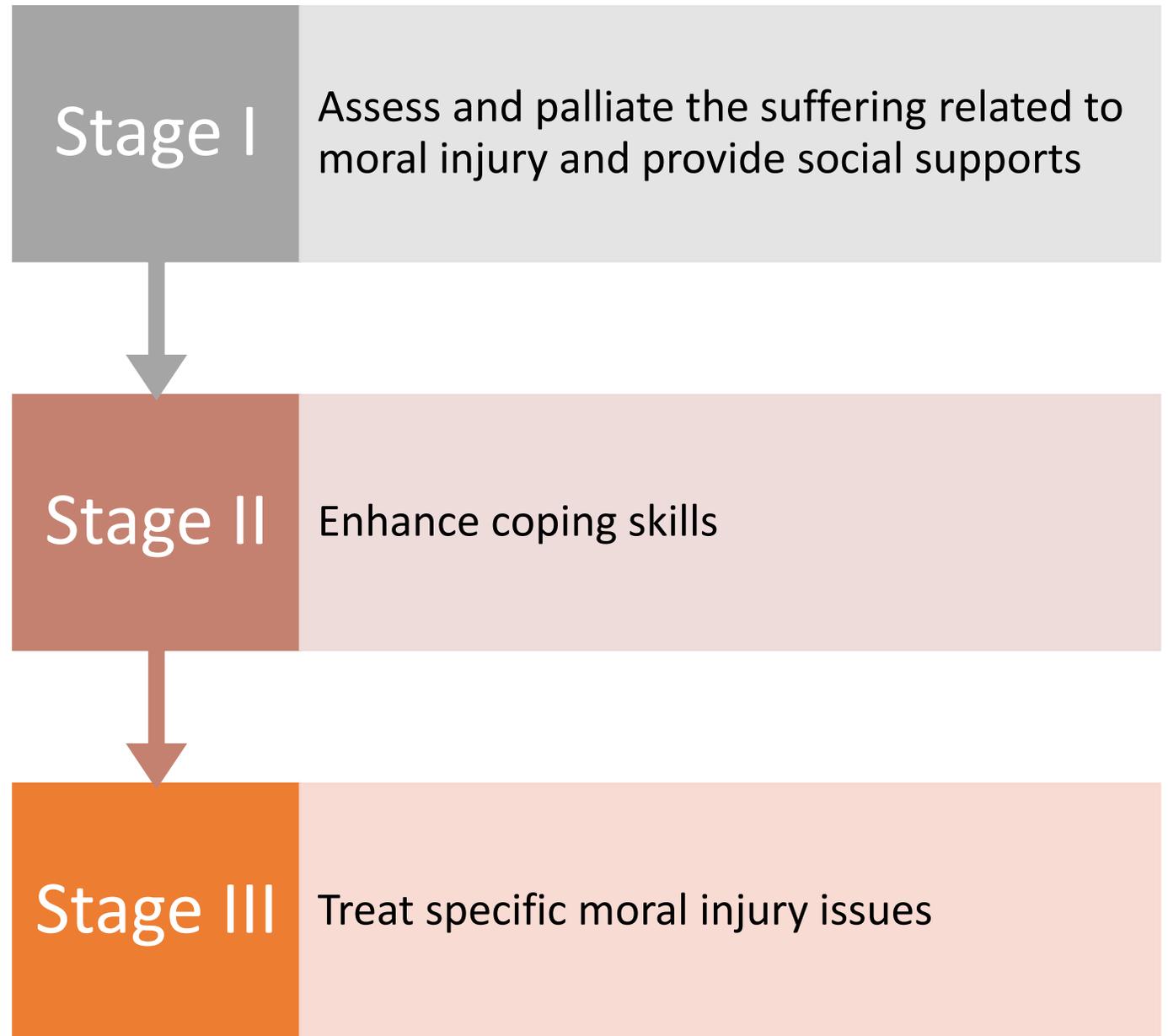
Can lead to short-term distress and/or increases in symptoms initially

Do not address end-of-life issues

Have little role for family, caregivers

May require modification for aging- and/or illness-related challenges (e.g., sensory deficits, cognitive impairment)

Stepped Care Approach to Address Moral Injury in Hospice Care



STRESS FIRST AID: Stages 1 and 2 in Stepped Care Model



Seven Cs of Stress First Aid:

1. CHECK

Assess: observe and listen

2. COORDINATE

Get help, refer as needed

3. COVER

Get to safety ASAP

4. CALM

Relax, slow down, refocus

5. CONNECT

Get support from others

6. COMPETENCE

Restore effectiveness

7. CONFIDENCE

Restore self-esteem and hope

Objectives of Stress First Aid



Make a connection in a helpful/respectful way



Restore/support a sense of safety



Calm and orient distressed individuals



Connect individuals to their sources of support



Improve the ability of those affected to address their most critical needs



Foster a sense of hope/limit self-doubt and guilt

Check: Making a Connection

Opening Questions

Culturally Sensitive Questions

Deepening Questions

Religion/Spirituality Questions



“What really matters to you in your life?”



What most concerns you?”



“What thought keeps coming back to you? What do you keep telling yourself?”



“How have you been feeling since...?”



“Have you been through anything like this before? How is this similar/different?”



“How is this affecting how you feel about yourself, your relationships, the world?”

Opening Discussion Comments / Questions

I have a few questions that would help me understand more about your experience in the military. May I continue?

What was your primary job? What did you do?

Where were you been stationed?

What kinds of missions did you participate in?

What kind of work did you do, and what was your role?

How long did you serve?

Was there anything you took from your military service into the rest of your life?

What are some of the most important aspects of having served in the military?

What were some of the biggest challenges about being in the military?

What were some of the greatest rewards about being in the military?

Have your own values ever caused you to be angry with yourself or others who do not live up to those standards?

What aspects of serving in the military influence you now?

Military Culturally Competent Questions to
Ask a Veteran

Deepening Questions to Ask a Veteran

Do you think you were changed as a result of being in the military? Please describe the changes.

Do you think your experiences in the military are affecting you today?

Is there anything about your experiences in the military that is still troubling you today?

Do you have nightmares about the war?

What was your homecoming like? Is there anything about your homecoming that is still troubling you today?

Do you think your experiences in the military and your homecoming affected your relationships with family and friends?

Do you keep in touch with your war buddies?

Do you think your experience in the military is influencing the way you are now coping with your illness?

Religion/ Spirituality Questions to Ask a Veteran



Are you affiliated with a religious or faith community?



Do you see yourself as a religious or spiritual person? If so, in what way?



Has your religion or spirituality changed over the years, and if so, in what ways?



How does your religion or spirituality influence the way you've coped with events in your life? Are they working now?

Stress First Aid Core Actions



1	Cover
2	Calm
3	Connect
4	Competence
5	Confidence

Cover Actions

Approach

- Treat the person with kindness, compassion, respect and nonjudgment

Information

- Ask about concerns
- Give simple, accurate information
- Convey that you are there to help and to keep the person safe
- Help create a sense of safety where Veterans can disclose their concerns, worries, and struggles about making sense of their life experiences

Direction

- Protect the person from unnecessary exposure to reminders
- Set boundaries to protect them and others
- If you have to act firmly or abruptly, moderate the impact at your first opportunity
- Reinforce compliance by promptly and positively acknowledging actions that follow your instructions

Cover Actions: Moral Injury Samples from the Field

Have a conversation about how safe the Veteran feels, such as any concerns they might have about:

- Any feelings of loss of control
- Confidence level about getting adequate pain relief
- Fear of abandonment
- Any feeling of a fear of death

Calm Actions

Approach

- Maintain a calm presence
- Respect needs
- Expect and show understanding of emotions
- Validate

Information

- Ask questions in calming or distracting way
- Use reflection, clarifying statements to communicate that you've heard correctly
- Provide information about services
- Give reassurance
- Convey that reactions are understandable without dismissing or minimizing

Direction

- Emphasize the present, and what's practical / possible
- Use distraction at times
- Direct to use simple self-calming actions
 - Writing
 - Guided breathing
 - Guided imagery
 - Progressive muscle relaxation
 - Prayer
 - Meditation
 - Mindfulness

Calm Actions: Moral Injury Samples from the Field

- “What we do and what we say is not as important as what the Veteran says. And what they really want from us is to know that we can tolerate being in their presence as they try to figure out who they are now at the end of life.”
- “Be a witness and stand in non-judgment, and just be with them. Bear witness – the story does not need to be true. It is their story. You do not need to act on it if they talk about war crimes. It’s about not passing judgment.”
- “If you don’t know how to respond, say something like: “how very interesting. I’ve never heard that perspective before.” Or: “I’ve never thought of that experience in that way before.” Acknowledge what they’ve said.”
- “If you want more information, say something like: “You’ve had such an amazing experience, and it sounds like you’ve experienced some things that nobody should have experienced – help me understand how that's impacting you NOW.””

Connect Actions

Approach

- Connect people to trusted supports however possible

Information

- Get contact information
- Look for people in vicinity to connect individuals to
- Ask about who are most trusted supports (including pets)

Direction

- Foster reconnection with family, friends
- Encourage peer support with those available
- Solicit volunteers to provide support

Connect Actions: Moral Injury Samples from the Field

- “Educate families on what Moral Injury is and how it can affect Veterans at the end of life.”
- “Help the family have a connection at end of life if they have felt distanced/ostracized.”
- “If family members get jealous of the fact that the Veteran has never told them something that he told you, say something like: “Often it is difficult for Veterans to share their experience with the ones they love because they swore an oath to protect the ones they love. If its’ such a burden for them to bear, why on earth would they do that to the ones they love?””
- “The family is often trying to figure out who are they in relation to a Veteran when that Veteran is dying. They might still be angry at him, but if they know his experiences, it can diffuse or redirect their anger to the war versus just to the Veteran.”

Connect Actions: Moral Injury Samples from the Field

- “If a Veteran is in a coma or unresponsive, you can say something like, “he or she can still hear you. Say whatever you need to say and say it with loving kindness and compassion. Even if you’re angry you can say “I was so angry because I felt abandoned.””
- “This is the time to consider unfinished business for both the Veteran and their family. If the patient cannot engage, invite the family to share important messages with them.”
- “If a Veteran has shared something with you that they have not shared with their family, you can say something like: “you have shared with me a very amazing story. Thank you for trusting me enough to share it. There are some very important people who want to hear it. You’ve shared it, I think you’re an amazing person. Who in your family would it be okay to tell this story to?””

Connect Actions: Moral Injury Samples from the Field

- “If the Veteran says he can’t possibly talk to his family, you could say something like: “would you be okay if I shared it with them? I can’t possibly tell the story in your words but I can share what I understand. I understand that you had an experience of war that changed how you saw yourself and your life, and you have been living with it for the past 50 years. It’s been a long and tiring journey, and you were able to share some of it with me. There are details of the experience that you can’t say again. Saying it once to me may have been enough or too much and I respect that. Is there anything specifically that you want me to share with your family? I’m going to tell your family that they need to tell you that they’ve heard the story from me, and you can decide how you want to continue the dialogue. But I can be a bridge.””

Competence:
Stepped Care
Stage II:
Enhance
Coping Skills

Relaxation / breathing / sleep
training

Thought-stopping skills

Mindfulness-based/acceptance
skills

Communication/social-skills
training

Competence Actions

Approach

- Approach the situation with an eye towards restoring a sense of control and improving the person's ability to deal with moral injury reactions

Information

- Determine people's needs, what your role is, and what else is needed
- Provide verbal and written information on coping skills:
 - Relaxation / breathing / sleep training
 - Thought-stopping skills
 - Mindfulness-based/acceptance skills
 - Communication/social-skills training

Direction

- Facilitate skills practice and trouble-shooting
- Get people connected to other resources:
 - Spiritual care
 - Clinical Care
 - Other Veterans (such as Veteran volunteers)
- Encourage use of resources

Coping Skills: Mobile Apps



Competence Actions: Moral Injury Samples from the Field

- “For the Veteran who feels “I’m dying and I’ve never done this before,” be prepared to have a conversation about it, about how they want to choose to die, and what their models of death and dying are.”
- “For the Veteran who may feel like he doesn’t know how to talk with his family about his sense of moral injury, help them to understand how to have a conversation that focuses on how that moral injury has affected them in their relationships and how it is affecting them now, rather than having to disclose the circumstances of the morally injurious events.”

Confidence Actions

Approach

- Keep a neutral or positive attitude
- Avoid judgment

Information

- Clarify misunderstandings and distortions
- Give information about treatment options
- Ask about how they would like to proceed

Direction

- Focus the person on the present moment or future
- Reduce guilt about actions with Confidence strategies

Confidence Alert

Be careful about the following actions:



Statements that imply judgments about what the person could or should have done



Statements or questions that can be perceived as accusatory or incriminatory



Statements or gestures indicating that you think the person should be reacting differently now



Offering possibly inaccurate information, or potentially false hope. If you cannot answer a person's question, do your best to learn the facts



Make simple, nonjudgmental statements such as:

“I can understand why you’re feeling this way, given your strong values,”

“I know this can be rough,”

“What can I do to help / What would be helpful?”



Help the individual to construct a timeline or narrative with room for personal strengths, positive relationships, spiritual change, appreciation for life, or what is helpful.



Help the person examine the double edged sword of their values and beliefs, and focus on the present.



Be willing to talk with them as many times as they need, give them relevant reading materials, and connect them to treatment or to people who have dealt with similar things, such as Veteran volunteers.

Confidence Suggestions: Moral Injury

Confidence Actions: Moral Injury Samples from the Field

- “For the Veteran who fears going to hell, say something like: “Is there anything that would help ease your concern? What is your belief system? Where did you learn about hell? You mentioned fear of going to hell, and that you feel that you have already been there.”
- “You can offer a Chaplain or clergy. This may be a challenge if they are angry at God, in which case Chaplains can become a lightning rod for that anger. Then, you may have to offer a neutral or agnostic volunteer such as another Veteran, to bear witness. If it is you, make every attempt to put your values in neutral.”
- “If you can’t tolerate bearing witness, be honest. Say something like: “I don’t know if I can hear this story, but I know someone who can. I can connect you with a Veteran Service Organization like the VFW, etc.””

Confidence Actions: Moral Injury Samples from the Field

- “Talk about their strengths and vulnerabilities, and about the values they bring. Emotional pain is often an echo of a commitment to core values. Use core values as part of the discussion.”
- “If the Veteran speaks of guilt because of acts of omission, say something like: “It sounds like you’re sad about something you didn’t do?””
- “If the Veteran speaks about guilt because of acts of commission, say something like: “It sounds like you’re really burdened by things you did, or that you understood that you did.””

- Don't try to rationalize away guilt with, "That was a long time ago" or "You were just obeying orders." Instead, recognize that they may be seeking forgiveness.
- Don't rebuff apologies with, "It's okay. You don't need to apologize." Instead, receive the apology openly.
- Don't rush people into forgiveness prematurely.
- Beware of "false forgiveness," those times when a patient says "I let that go a long time ago" or "It's over and forgotten."
- *Wanting* to forgive is an essential, often forgotten, element of forgiveness. Affirmation or prayer can help achieve this.
- Respect the decision a person makes about whether or not to forgive.
- If someone is unable, unwilling, or not ready to forgive, patiently wait for another opportunity and ask them to reconsider it. However, be careful that they do not experience any pressure or judgment.
- Though it is true that we cannot change the past, we can change our relationship *to* the past, and forgiveness is the means whereby we do that.
- A crucial component of self-forgiveness is learning to distinguish guilt from shame.

-Deborah Grassman

Focus on Forgiveness

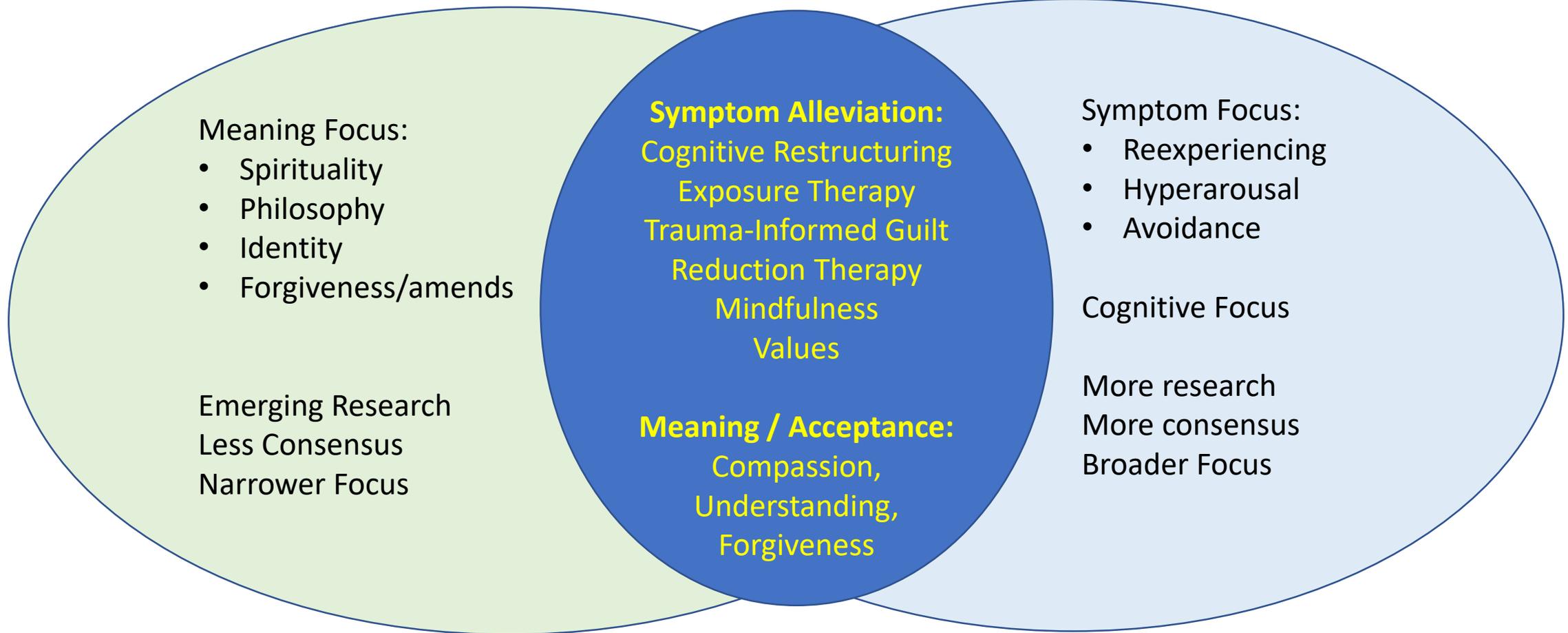
- “I asked a patient if there was anything from the war that still troubles him now. “Would you want to tell me about it?”
- He said he was too ashamed to say it out loud. He whispered, “Do you have any idea how many men I have killed?”
- I shook my head “no.” I didn’t say anything. It is a sacred moment, you do not want to corrupt it with words.
- He said, “do you have any idea how many throats I’ve slit?”
- Again, I just shook my head “no.” and we sat in silence sharing his suffering together.
- At length, I asked him if it would be meaningful for me to say a prayer asking for forgiveness for the things he had done.
- He shook his head yes.
- My prayer was, “Dear God, this man comes before you acknowledging the pain he has caused others. He has killed, he has maimed. He hurts with the pain of knowing he did this. He hurts with the pain of humanity. He comes before you now asking for forgiveness. He needs your mercy to restore his integrity. He comes before you saying, forgive me for the wrongs I have committed. Dear God, help him feel your saving grace. Restore this man to wholeness so he can come home to you soon. Amen.”
- This man kept his eyes closed throughout this prayer, but there were tears streaming down his face. And when he did open his eyes, this big smile came. It was almost palpable how much lighter he felt. It was such evidence to me just how heavy guilt and shame weigh. This man died the next day, and I contend that he died healed.”

-Deborah Grassman

Forgiveness Example

Moral Injury

PTSD



Stepped Care Stage III: Formal Moral Injury
Treatment / Overlap with PTSD Treatment

Stepped Care Stage III: Formal Moral Injury Treatment



Trauma Informed Guilt Reduction



Adaptive Disclosure



Impact of Killing Treatment Program



Spiritually oriented consultation



Complementary and alternative approaches



Telehealth options

Telehealth Objectives

As the capacity for VA to provide telehealth services grows, this initiative seeks to:

- Reduce the suffering of terminally ill Veterans and their families
- Build collaborative networks to promote terminally ill Veterans' access to specialized VA telemental health services in their home
- Efficiently and effectively deliver specialized care for Veterans at end of life while minimizing the burden of travel
- Empower and support community hospice teams in the delivery of hospice care specific to Veterans' needs



Accessing Telemental Health

- VA offers telehealth services across the U.S. — including via VA Video Connect — an app that promotes “Anywhere to Anywhere” care.
- **Veterans will need to be enrolled** to receive VA telehealth services which can be initiated online at the link below or by calling 877-222-VETS (8387). <https://www.va.gov/healthbenefits/online/>
- Telemental Health Hubs connect mental health specialists with Veterans at sites who require same-day or urgent access to mental health services. www.telehealth.va.gov
- For more urgent situations, the **Veterans/Military Crisis Line at 800-273-8255** is available 24/7/365. VA enrollment is not necessary to use this resource.



Resources for Hospice Teams

Connect to a multitude of videos, guidance and local VA resources;

- www.MakeTheConnection.net
- <https://www.mentalhealth.va.gov/communityproviders/military.asp>

VA Suicide Risk Management Consultation Program offers free, confidential, one-on-one consultation for any community or VA provider who works with Veterans.

- <https://www.mirecc.va.gov/visn19/consult/>

PTSD Consultation Program (can assist with Moral and Soul Injury as well)

- <https://www.ptsd.va.gov/professional/consult/index.asp>
- Or call (866) 948-7880

Office of Survivors Assistance at 202-461-1077 or the VA Benefits Assistance Service at 800-827-1000.



Resources for Hospice Teams

[Hospice Foundation of America: Improving Care For Veterans Self Study](https://www.wehonorveterans.org/improving-care-veterans-self-study)
<https://www.wehonorveterans.org/improving-care-veterans-self-study>

[VA National Center for PTSD](https://www.ptsd.va.gov/) <https://www.ptsd.va.gov/>

[We Honor Veterans](https://www.wehonorveterans.org/veterans-their-needs/specific-populations/post-traumatic-stress-disorder-ptsd) <https://www.wehonorveterans.org/veterans-their-needs/specific-populations/post-traumatic-stress-disorder-ptsd>

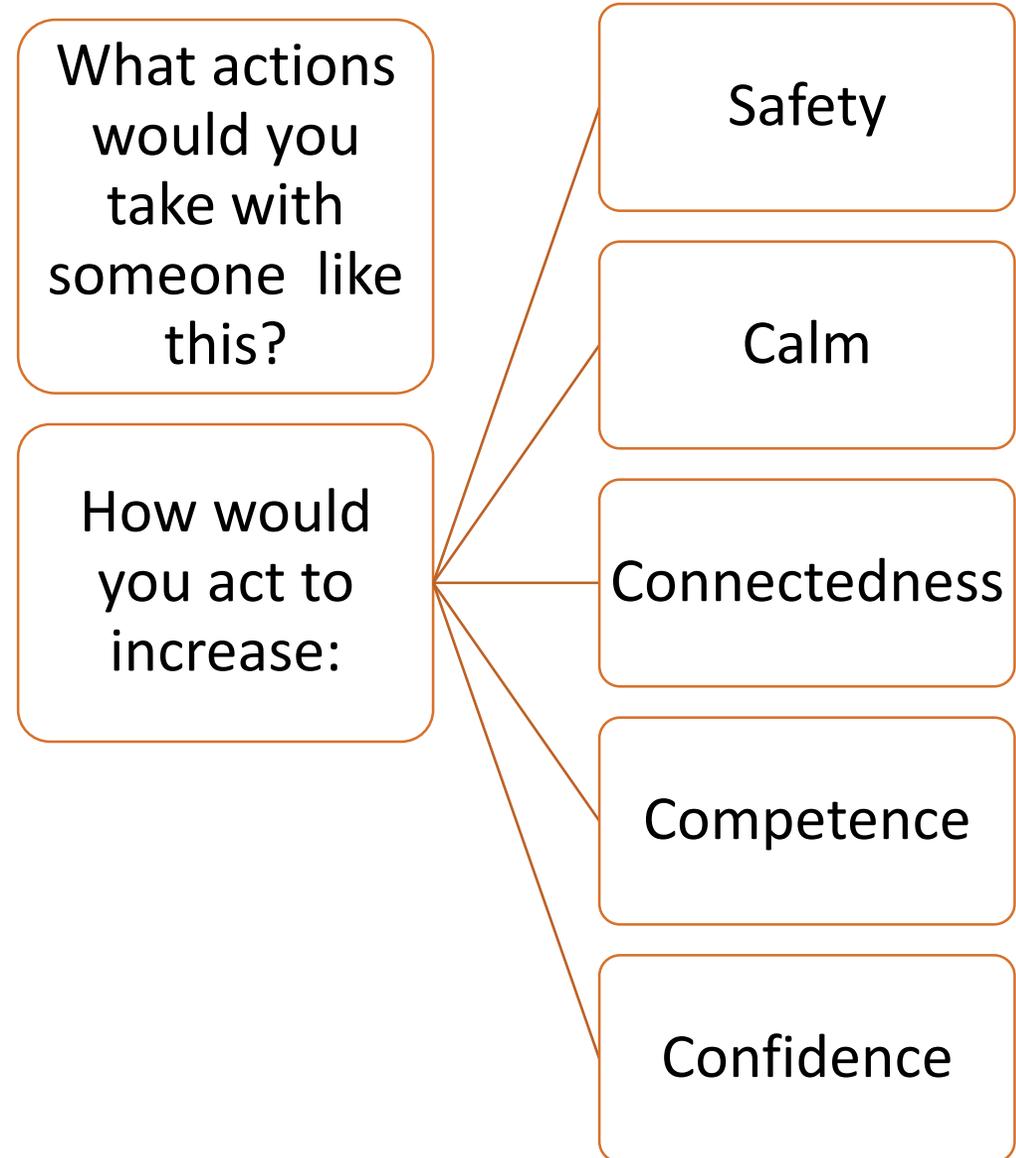
<https://opuspeace.org/>

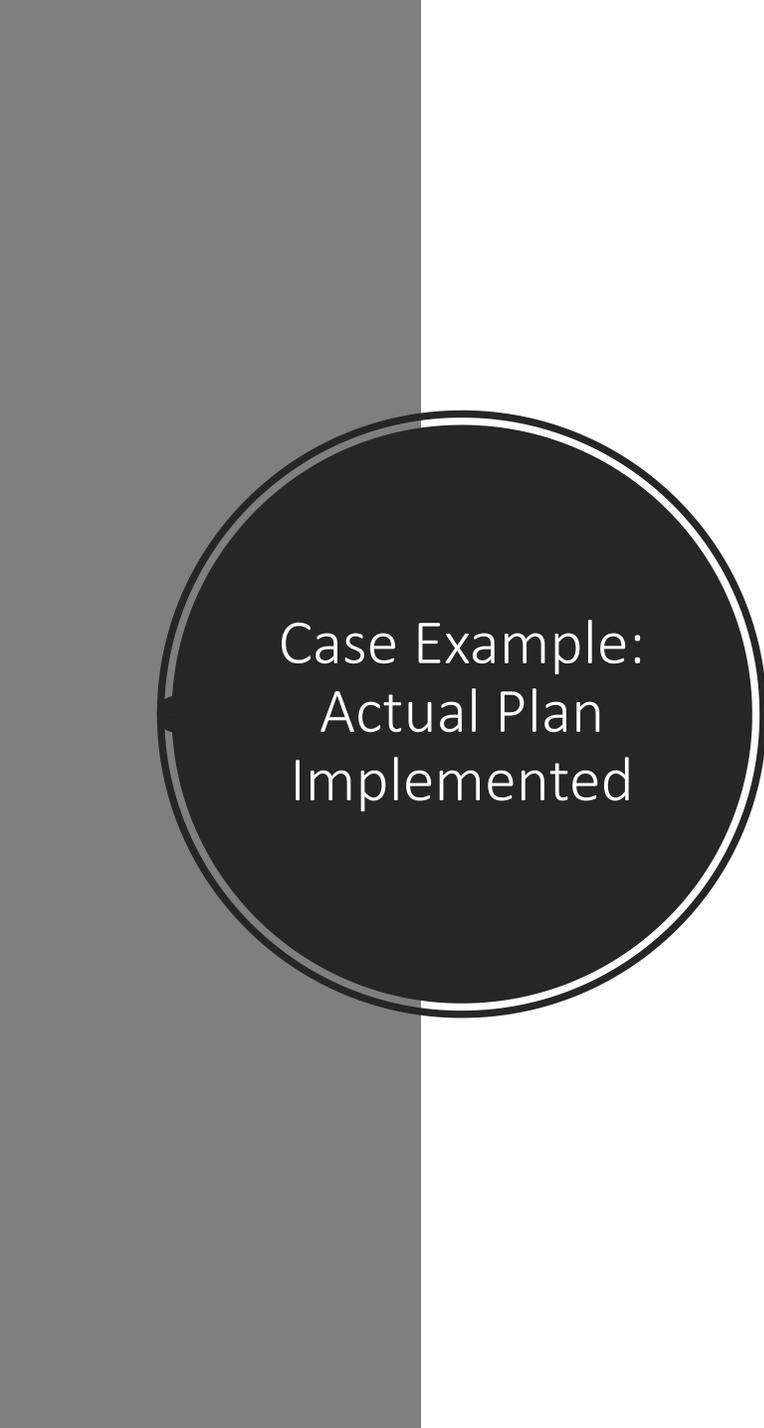


- A Caucasian Veteran in 60s has end-stage liver disease due to alcohol intake.
- He is angry, minimally interactive, and has great difficulty allowing any physical care by a person of color.
- His resistance to trust stems largely from combat trauma.
- He vacillates between begging for symptom management and refusing to take medications.
- The rationale for this refusal originates from his belief that showing pain reflects weakness.
- He feels his symptoms are retribution and necessary suffering for the atrocities he had committed and witnessed in combat.
- He cannot reconcile the love he feels from the people around him with his previously-held prejudiced thoughts and ideas, which he clung to because they have formed the basis of his identity.
- He conveys frequent graphic descriptions of his combat experiences.
- He tells staff regularly that because of his life choices he is evil.

Case Example

Case Example: Questions





Case Example:
Actual Plan
Implemented

Boundaries were set for acceptable behavior, and consequences set for violation of boundaries.

Consistently reminded that he would continue to be cared for and would not be abandoned.

Staff members showed him respect, demonstrated compassion despite his hostility, and displayed consistency in their approach to care



Case
Example:
Course

The Veteran's attitude towards the staff changed from one of contempt to one of care and acceptance.

His behavioral outbursts lessened in frequency and intensity and eventually disappeared altogether.

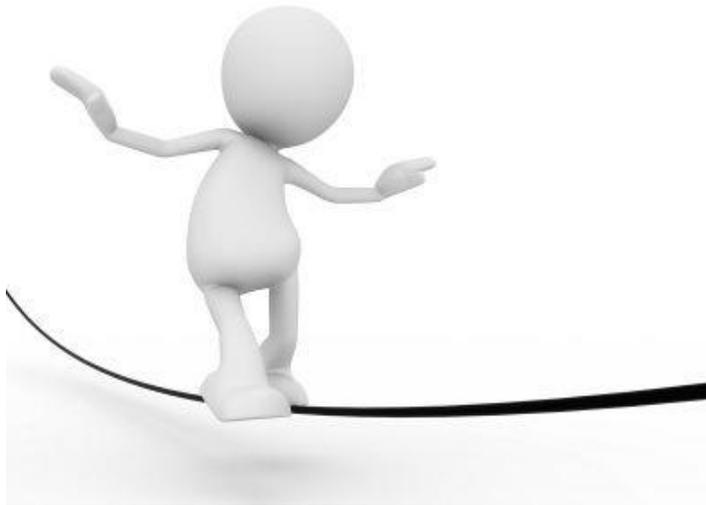
Over time, he was able to recognize his own capacity for love and to be loved by others, including the people he was initially prejudiced against.

When he was nearing the end of life, he expressed to the chaplain that while he was grateful to the staff, he felt deep regret that his life had no value and felt that no one would remember him after his death.

The Chaplain responded with, "We will mourn you."

This simple sentiment—and all the care he had received beforehand—allowed a peaceful death.

Self-Care Strategies



- Self-monitor and pace yourself daily
- Use a buddy system to share distressing stress reactions
- Take brief breaks for basic physical care
- Use consultation / supervision routinely
- Practice stress management during the workday
- Stay aware of your limits and needs
- Use vacation and personal time

Questions or Comments

Check: Making a Connection

Groundwork:

Silence

Reflection

Paraphrasing

Empowering Questions /
Comments

Balancing Questions and Silence

Ask one or two good probing, sensitive questions, and follow up

- "Tell me more.."
- "I'd really love to know about your experiences"
- "Can we talk about that?"

Slow down, stay with whatever they are saying

LISTEN
SILENT

- Often emotions come out with silence

Silence can invite beyond our best questions

Reflection and Paraphrasing

Reflecting Feelings

- Lets the person know that you are aware of how they are feeling
- Can encourage emotional expression
- Should include only what you hear clearly stated
- Does not involve probing, interpreting, or speculating

Paraphrasing

- Does not involve changing, modifying, or adding to the message
- Demonstrates that you have accurately heard what the person said
- Allows the person to confirm that you are correct or provide additional clarification



"It sounds like..."



"From what you're saying, I can see how you would be...."



"It sounds like you're saying...."



"You seem really...."



Make sure your reflections are correct by using sentences like:

"Tell me if I'm wrong ... it sounds like you ..."

"Am I right when I say that you ..."

Reflective Comments

Supportive Comments



"No wonder you feel..."



"It sounds really hard..."



"It sounds like you're being hard on yourself..."



"It is such a tough thing to go through something like this."



"I'm really sorry this is such a tough time for you."



"We can talk more tomorrow if you'd like..."

Empowering Comments / Questions



"What have you done in the past to make yourself better when things got difficult?"



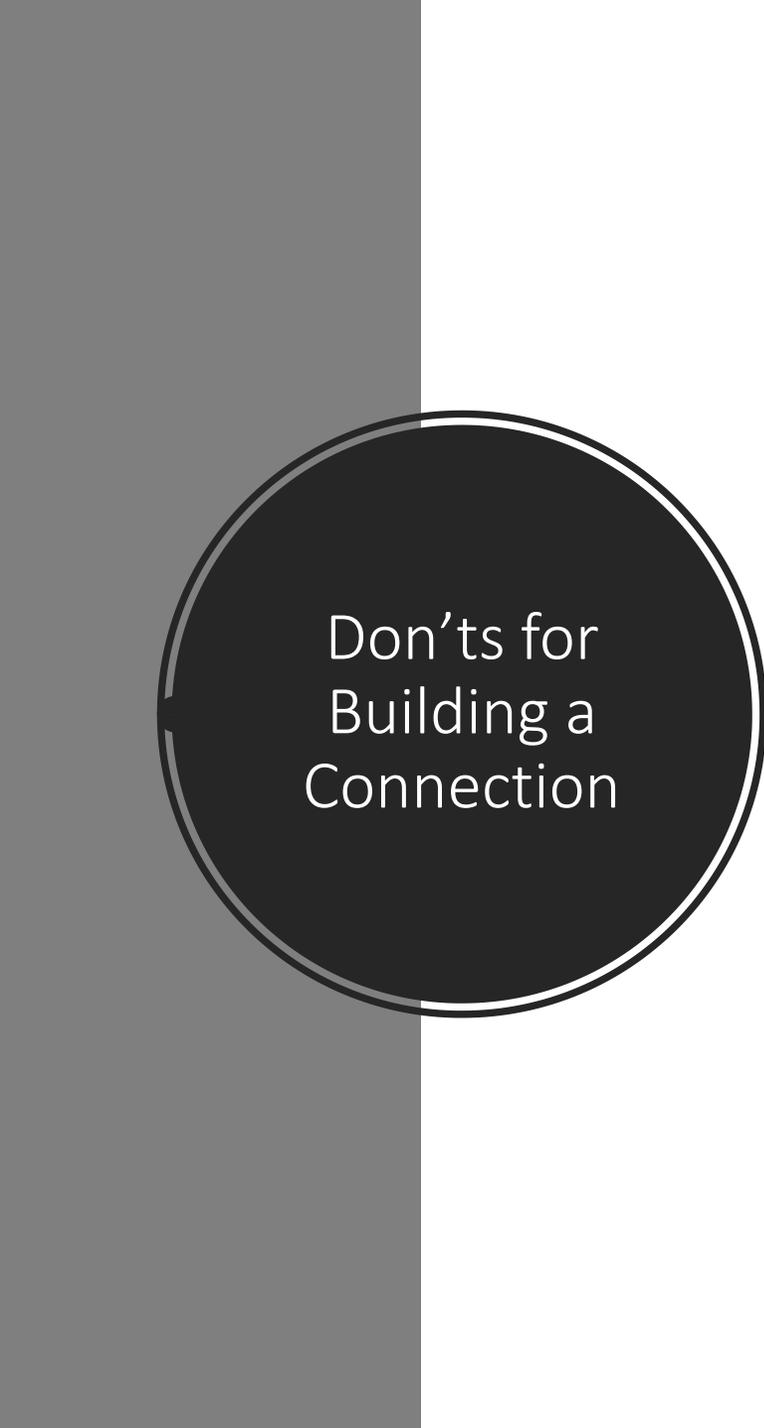
"Are there any things that you think would help you to feel better?"



"I have an information sheet with some ideas about how to deal with difficult situations....maybe there is an idea or two here that might be helpful for you."



"People can be very different in what helps them to feel better. When things got difficult for me, it helped me to..... Would something like that work for you?"



Don'ts for
Building a
Connection

Don't:

Probe for details or insist that the person must talk

Rush to tell the person that they will be okay, that they should "move on" or that they should "look for the silver lining"

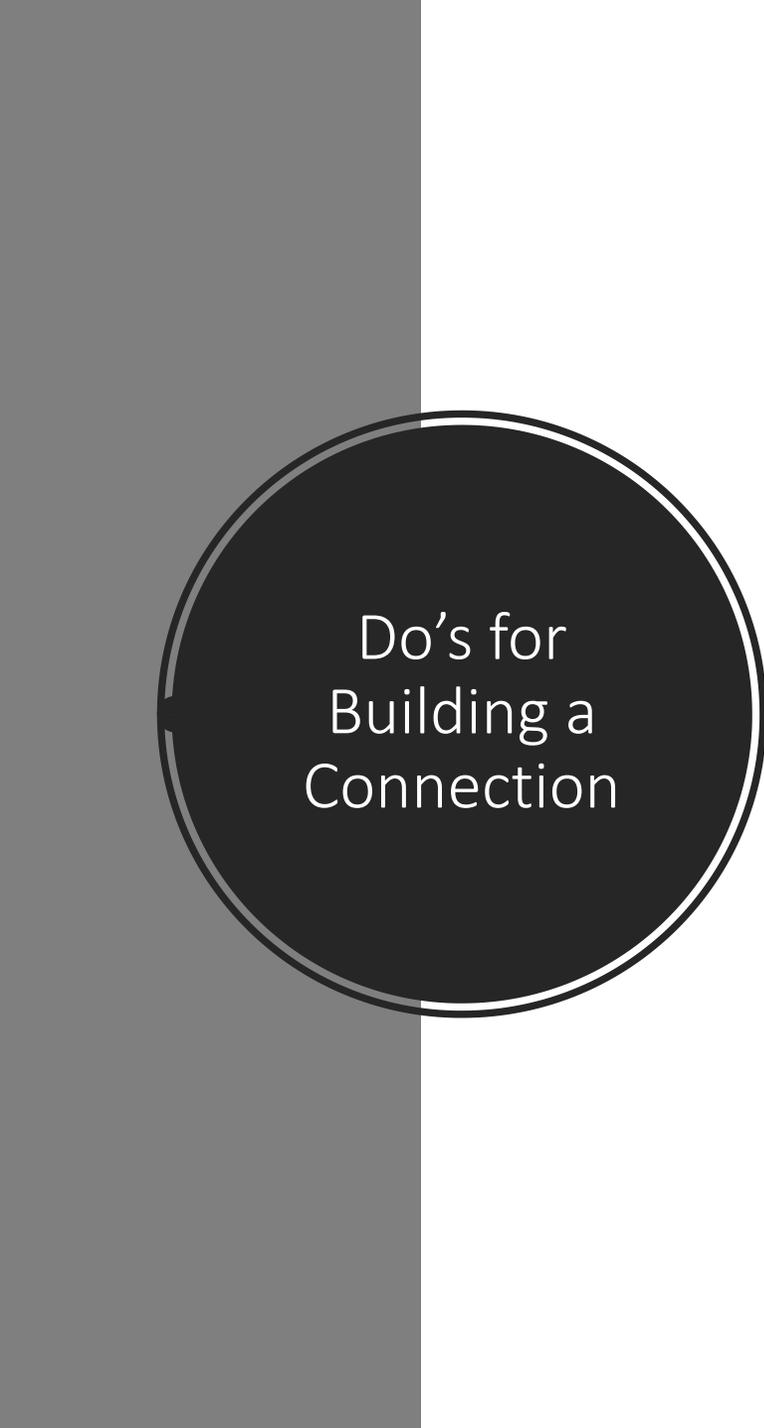
Try to make the person feel that they should not feel guilty

Give advice instead of asking the person what works for them

Avoid talking about what is bothering the person because you don't feel that you can handle it

Daydream about or discuss your own personal experiences instead of listening

Judge the other person because they aren't coping as well as you think they "should" be



Do's for
Building a
Connection

Do:

Find an uninterrupted time and place to talk

Show interest, attention, and care

Show respect for individual ways of coping

Talk about reactions that are to be expected, and about healthy ways of coping

Acknowledge that stress can be hard

Be free of expectations or judgments

Help brainstorm positive ways of coping

Convey your belief in their ability to handle what is in front of them

Offer to talk or spend time together as many times as is needed

Stepped Care Stage III: Trauma Informed Guilt Reduction



TRiGR is transdiagnostic



Guilt and shame can be the prominent feature of a person's response to traumatic situations



There are no assumptions about the source of suffering (such as killing, or breach of moral values)



Helps the person change perspective



Helps the person see that they have been suffering because they do have values



Helps them apply values to ways they can find meaning in life in the present



Kindness/compassion exercises used if the person is open to them



Making amends can be included, but is driven by the person

Stepped Care Stage III: Adaptive Disclosure



Education about Moral Injury (MI) and its impact



Disclosure of the events related to MI, including feelings and beliefs



An imaginal dialogue is facilitated with a “compassionate moral authority”



The provider leads the person through an exercise of apportioning blame



May include self-compassion or mindfulness meditations



Giving to community or family/friends (making amends) is discussed as a way of moving forward

Stepped Care Stage III: Impact Of Killing Treatment Program



Education about moral injury and its impact



Exploring the functional impact of not forgiving oneself



Developing a forgiveness plan to tackle various barriers and foster greater self acceptance and self compassion (ie., through letter writing)



Development of an amends plan (which outlines specific steps veterans can take in their lives to honor the values that were compromised in war and to affirm the compassionate, healing, loving self)