Moral Injury
Zarrow Symposium
Tulsa, OK
September 19, 2014

Dr. Lanny Endicott
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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

106,000
Wounded in Action or Evacuated for Injury or Disease

745,000+
Iraq and Afghanistan Veterans’ Disability Claims Filed

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

Costs of War Project - Huffington Post
## Estimated Dollar Costs of Wars, in $Billions

<table>
<thead>
<tr>
<th>Description</th>
<th>$Billions</th>
<th>Report / Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congressional War Appropriations to Pentagon</td>
<td>$1,406.9</td>
<td>Wheeler and Crawford</td>
</tr>
<tr>
<td>War-related Additions to the Pentagon Base Budget</td>
<td>743.1</td>
<td>Crawford</td>
</tr>
<tr>
<td>War-related International Assistance (State Department/USAID)</td>
<td>103.5</td>
<td>Dans and Crawford</td>
</tr>
<tr>
<td>Veteran’s Medical and Disability</td>
<td>134.7</td>
<td></td>
</tr>
<tr>
<td>Additions to Homeland Security Spending</td>
<td>455.2</td>
<td>Dans and Crawford</td>
</tr>
<tr>
<td>Cumulative Interest Payments on Pentagon War and State/USAID Appropriations through FY2013 by 2013</td>
<td>259.4</td>
<td>Edwards</td>
</tr>
</tbody>
</table>

**SUBTOTAL FEDERAL OUTLAYS FY2001-FY2013** 3,102.85

<table>
<thead>
<tr>
<th>Description</th>
<th>$Billions</th>
<th>Report / Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Iraq, Afghanistan and ONE spending, FY 2014</td>
<td>65</td>
<td>Crawford</td>
</tr>
<tr>
<td>Projected Increase in Pentagon Base, FY2014</td>
<td>65</td>
<td>Crawford</td>
</tr>
<tr>
<td>Future Obligations for Veterans Medical and Disability through 2053</td>
<td>754.4</td>
<td>Bilmes</td>
</tr>
</tbody>
</table>

**SUBTOTAL FUTURE SPENDING AND OBLIGATIONS** 884.4

**TOTAL COSTS OF WARS FROM FY2001 INCLUDING FUTURE SPENDING AND OBLIGATIONS** 3,987.25

<table>
<thead>
<tr>
<th>Description</th>
<th>$Billions</th>
<th>Report / Source</th>
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</thead>
<tbody>
<tr>
<td>Additional Cumulative Interest on Past Pentagon and State/USAID War Appropriations FY2001-2013 by 2053</td>
<td>&gt;7,000</td>
<td>Edwards</td>
</tr>
</tbody>
</table>

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**NOTES:**

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.
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
- Bush-era tax cuts
- Recovery measures
- TARP, Fannie, and Freddie
- Economic downturn
- Other debt

100%

- Projected debt under current policies

- Debt without these factors

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.

- Physically wounded: 52,000
- Affected by PTSD: Between 275,000 and 500,000

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.

<table>
<thead>
<tr>
<th></th>
<th>Individuals deployed</th>
<th>Number of deployments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Afghanistan</strong></td>
<td>823,136</td>
<td>1,489,394</td>
</tr>
<tr>
<td>2001-2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Iraq</strong></td>
<td>1,115,872</td>
<td>2,337,197</td>
</tr>
<tr>
<td>2003-2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Department of Defense

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.

- Killed an enemy combatant: 46% (Paratroopers), 65% (Marines)
- Were responsible for the death of a noncombatant: 14% (Paratroopers), 28% (Marines)
- Handled or uncovered human remains: 50% (Paratroopers), 57% (Marines)
- Saw ill or injured women or children whom you were unable to help: 69% (Paratroopers), 83% (Marines)
- Had a buddy shot or hit who was nearby: 22% (Paratroopers), 26% (Marines)
- Saved the life of a soldier or civilian: 21% (Paratroopers), 19% (Marines)

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
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

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.

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/VzRMKWyl9-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
<table>
<thead>
<tr>
<th></th>
<th>1. Repeated, disturbing memories, thoughts, or images, of the stressful experience?</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3. Suddenly acting or feeling as if the stressful experience was happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>7. Avoiding activities or situations because they reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td></td>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td></td>
<td>9. Loss of interest in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>10. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>11. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>12. Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>13. Trouble falling or staying asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>14. Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>15. Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>16. Being “super-alert” or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>17. Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

_PCL-S for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD – Behavioral Science Division_
# Moral Injury Events Scale (MIES)

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

*William Nash, MD. et al., Presented at Zarrow Symposium, Tulsa, OK, 20 September 2012*
Cognitive Processing Therapy
Applied to Moral Injury

Particularly applicable to addressing:

Stuck Points (problem thinking)
### A – B – C Worksheet

<table>
<thead>
<tr>
<th>ACTIVATING EVENT</th>
<th>BELIEF/STUCK POINTS</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
<td><strong>C</strong></td>
</tr>
<tr>
<td>“Something happens”</td>
<td>“I tell myself something”</td>
<td>“I feel something”</td>
</tr>
</tbody>
</table>

| “I shot a teen while in combat. He ran into the line of fire.” | “I am a bad person. I killed a child.” | “I feel guilty, angry with myself, ashamed for what I did.” |

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)

Flow of Adaptive Disclosure Sessions

Psycho-education and Describing Event

Exposure

Life Threat

Loss Injury
Conversation with person lost

Moral Injury
Conversation with moral authority

Dialogue about meaning or implication of event

Wrap-up and planning for the long haul

Maria M. Steenkamp, et.al., *A Brief Exposure-Based Intervention for Service Members with PTSD*, Cognitive and Behavioral Practice 18 (2011) 98 107, online Science Direct
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)

A youth’s vision

Answering the call to serve
Leaving home
Booting up

Advanced training

Training for deployment

Deployment, war zone arrival, mission

Shock, fear, rage, guilt

Coming together, “Band of brothers”

Experiencing horrors of war (or maybe not)

Search for meaning, Seeking spirituality

Coming home: loss, grief, culture shock, anger, pain, confusion, displacement, readjustment

Back home
Being restored to community
Service & leadership

“Revised” vision/mission

A Soldier’s Transition Diagram
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)