2020 CIMVHR SYMPOSIUM SERIES

CIMVHR VIRTUAL SYMPOSIUM SERIES

UNPACKING MORAL INJURY: CURRENT UNDERSTANDING, GAPS, AND FUTURE DIRECTIONS

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Moral injury (MI) is psychological distress that can occur in the aftermath of experiences that violate deeply held moral standards. Moderated by Dr. Patrick Smith, President and CEO of the Centre of Excellence on Post-Traumatic Stress Disorders (CoE PTSD) and Related Mental Health Conditions, experts in the field and those with lived experience explored current understandings of MI, identified gaps in the research, and inspired future directions for MI research.

Dr. Anthony Nazarov, Postdoctoral Associate at the University of Western Ontario, The MacDonald Franklin OSI Research Centre, and the Lawson Health Research Institute, presented an overview of MI research. MI is a multi-disciplinary, evolving construct, described as a form of psychological distress, an interpersonal crisis, a character wound, the undoing of character, or a spiritual wound in response to the learning about, bearing witness to, failure to prevent, or perpetration of any event that transgresses one's belief about subjective moral standards or deeply held personal beliefs. MI can also result from the betrayal of justice by a person of authority. Currently, MI is not a mental health diagnosis: standard posttraumatic stress disorder (PTSD) symptoms and outcome measures do not capture all symptoms associated with MI, and not all MIs meet thresholds of psychological trauma to warrant a PTSD diagnosis.

Dr. Suzette Bremault-Phillips, Associate Professor in the Faculty of Rehabilitation and Occupational Therapy at the University of Alberta, presented on unpacking the clinical applications of MI. The continuum of MI starts with a potentially morally injurious event (PMIE) that can lead to a moral dilemma and distress. Trying to better understand how PTSD and MI can co-exist, a military sexual trauma (MST) interdisciplinary group is working with victims about what they have experienced and what types of restorative practices they need to heal their trauma. This engagement is not just between them and their perpetrators, but with the broader community affected by MST and MI. A variety of interventions can be provided within the MI continuum, where people can be helped to prepare for or hopefully prevent progression to MI.

Professor Andrea Phelps, Deputy Director at Phoenix Australia, Centre for Posttraumatic Mental Health, presented on MI amongst healthcare workers during the COVID-19 outbreak. A guide to MI was quickly developed, drawing from the broader traumatic stress field. A whole-organizational approach was taken to create a framework for managing MI at the individual, team, and institutional levels. Healthcare workers live by the moral code of putting their patients first and doing no harm. When their ability to provide good care is compromised, they are likely to experience that as a moral offence. Peer and social support at work and home are critical elements to recovery.

Warrant Officer (Retd) Brian McKenna provided a presentation about his lived experience of MI as a Veteran and father. Retired in 2015, he now works as a Strategic Advisor for Veterans with the Centre of Excellence for PTSD. He recounted his journey through therapy after being diagnosed with complex PTSD and how he came to understand he was also suffering from MI. He described MI as "a place in my memory where things have not disappeared at all." As discussions open up about MI, many soldiers currently deployed or Veterans from previous conflicts recognize what they have been feeling. The anxiety and fight or flight response of PTSD can be instantaneous, but that is not what happens with MI which occurs over time. McKenna said that for him, it was easier to do group work with a trained professional to discover where MI stems from: "Even if I couldn't put words to the feeling, I was in a room with other people who 'got it' and a doctor… it helped more and was easier, while one-on-one sessions were more beneficial to discuss traumatic events."

TAKEAWAYS

THE FOLLOWING ARE ACTIONABLE ITEMS STEMMING FROM THE EXPERT PRESENTERS AND PANEL.

For Researchers and Funders, Dr. Nazarov stressed that the study of MI is important because it is common in the CAF: over 50% of returning soldiers from Afghanistan reported being involved in a PMIE. MI is linked to poor mental health outcomes like shame and guilt. MI is difficult to treat as current PTSD treatments are often ineffective and can sometimes make the

condition worse. Active CAF personnel with PMIEs are twice as likely to seek help from civilian healthcare providers. We need to better understand why this occurs and what are the barriers to care.

For Policy Makers, some occupational groups may be at a higher risk for MI, such as military personnel, first responders, health care workers, legal system personnel, and others. Avoiding PMIEs from a systems level, community and organizational level involves training people, putting policies and procedures in place to foster psychological safety, and anticipating where breaches of trust and potential betrayals could occur, even unintentionally.

For Practitioners and Clinicians, traditional trauma modalities used with PTSD should be nuanced to MI targets. The power of exploratory work around feelings of MI and the importance of asking the right questions, if appropriate, should occur at a much earlier stage in therapy. Emerging modalities include Acceptance and Commitment Therapy specific to MI and more embodied modalities like virtually assisted Modular Motion assisted Memory Desensitization and Reconsolidation. Complimentary modalities include anger management, emotional awareness therapy through drama and the arts, family and couples' counselling, and many more. What someone requires may change over the MI trajectory, and personalized treatment programs should be based on the context of the type of injury and source of it because not everyone suffers the same way.

THE WAY FORWARD

From a sociological perspective, resilience is a broader concept than blaming the victim at the individual level for not having the character traits or tools to adapt to traumatic situations or events. It involves the family, the team, and the organization – to provide a safe environment within which people can exercise their gifts. A framework for managing moral distress in the workplace was developed because moral stressors cannot be fully removed. The onus is on organizations implementing a preventative and early intervention approach rather than reacting to problems as they arise. Also, awareness of the risk factors of developing MI is needed. These include but are not limited to the loss of life of vulnerable people; perceived lack of support from leadership, family, friends, and society; being unprepared psychologically; and being exposed to additional trauma. We are learning that MI is a risk factor in any occupation where people make difficult decisions in high-stakes environments, often under extreme time pressures. Research into these occupations may provide additional opportunities to generate insights about MI that may be translatable to the military, perhaps open our eyes to different perspectives, and provide evidence around what we can do to prevent PMIEs or intervene early. The focus on proactive organizational supports is something we can do now to minimize MI and/or PTSD cases needing clinical services for people who will inevitably be exposed to PMIEs. Supports should help people make meaning of their MI and emphasize that they are not alone in their struggles.