

Multidisciplinary Perspectives on
Conceptualization & Care for Moral Injury:
A Qualitative Study with Subject Matter Experts

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Acknowledgements



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of North Carolina
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Mixed method investigation on moral injury, its impact on veterans, can care strategies.

- Team
 - Jason Nieuwsma, Melissa Smigelsky
 - Clinical psychologists, moral injury researchers

Qualitative arm exploring of the conceptualization of moral injury across diverse disciplines & populations.

- Team
 - Falon Smith, Sarah Peterson, Maihan Vu, Sophie Southerland, Aviva Starr
 - Expertise in public health & qualitative research

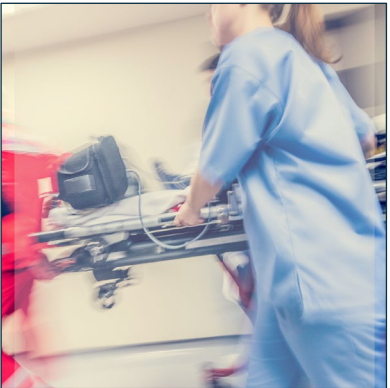
Abbreviations

- MI = Moral Injury
- SME = Subject Matter Experts
- VA = United States Department of Veterans Affairs
- PMIE = Potentially Morally Injurious Event



Presentation slides will be made available

Why Conduct this Study?



When I first started my work with moral injury, I didn't really understand the extreme connection to upstream suicide prevention that I do today... I would argue, probably 'til the day I take my last breath, that we're losing more veterans, more people, to morally injurious situations than we are anything diagnostic...

I agree, 100%, that this is an all-hands-on-deck approach. We need every type of professional in the trenches with this because, if we really wanna put a dent in suicidality... we have got to pay attention to moral injury, 100%."

(Research, Treatment & Spiritual Care Expert, U.S. Veteran)



Study Goals

- Clarify the construct of moral injury
- Identify shared and divergent perspectives
- Inform future research and care

Study Goals

**What is
MI?**

- Clarify the construct of moral injury
- Identify shared and divergent perspectives
- Inform future research and care

**What core aspects
of MI exist across
context?**


**What distinguishes
MI from other
mental health
constructs?**

**What are some of
the contextual
variations of MI?**

**What care is
required for MI?**

Participants

SME identified through
iterative process



- U.S. VA operational partners
- Literature review
- Reference-based MI program identification

Inclusion criteria



- Demonstrated expertise in MI across disciplines (with targeted inclusion of U.S. veteran-focused experts)
- English proficiency
- Willingness to participate in 60-minute focus group

Data Collection & Analysis

Focus
Group
Guide

SECTION 1. Understanding and Defining Moral Injury (20 minutes)

From these discussions, we want to learn how the construct of moral injury adds to our understanding of the human experience. I would ask that you think broadly about the field of moral injury.

1. While the concept of moral injury was first explored in service member and military populations, its application has expanded to a range of different populations and circumstances, leading to a lack of consensus regarding what falls under the umbrella of “moral injury” and multiple ways it is conceptualized. **How do you primarily think about the concept of moral injury?** Please keep in mind, we are not looking for a formal definition. [PRIORITY]

FOLLOW UP:

- a. How is this different from other phenomena like trauma, shame, guilt, depression, anxiety?
2. Based on your understanding of it, how does this (your conceptualization of moral injury) apply across populations? [PRIORITY]

PROBE:

- a. What must be present across populations and circumstances to call something moral injury? [PRIORITY]

FOLLOW UP:

- b. What concerns do you have (if any) about applying the construct in a more broad and inclusive way? [PRIORITY]

SECTION 2. Moral Injury Care and Services (15 minutes)

3. Do you primarily think of moral injury care as something that targets an individual, a community, or both?
4. What do people with moral injury need? [PRIORITY]

PROBE:

- a. For example, what do people with moral injury need in terms of care and services?
- b. Tell me more about what that would look like. Be as specific as you can.

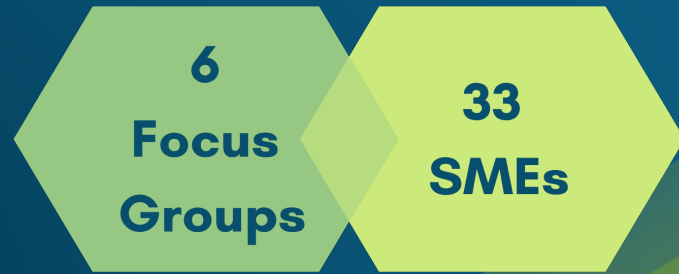
SECTION 3. Opportunities and Future Direction (10 minutes)

5. What do you see as the most important utility and value of the term “moral injury?”
FOLLOW-UP:
 - a. What ways might it be unhelpful or unnecessary?

- Domains of Interest
 - MI Conceptualization
 - Care & Services
- Focus Groups
 - Two trained facilitators
 - Conducted virtually
 - Post-group discussion
- Analysis
 - Two independent coders
 - Multi-phase thematic analysis

Participants

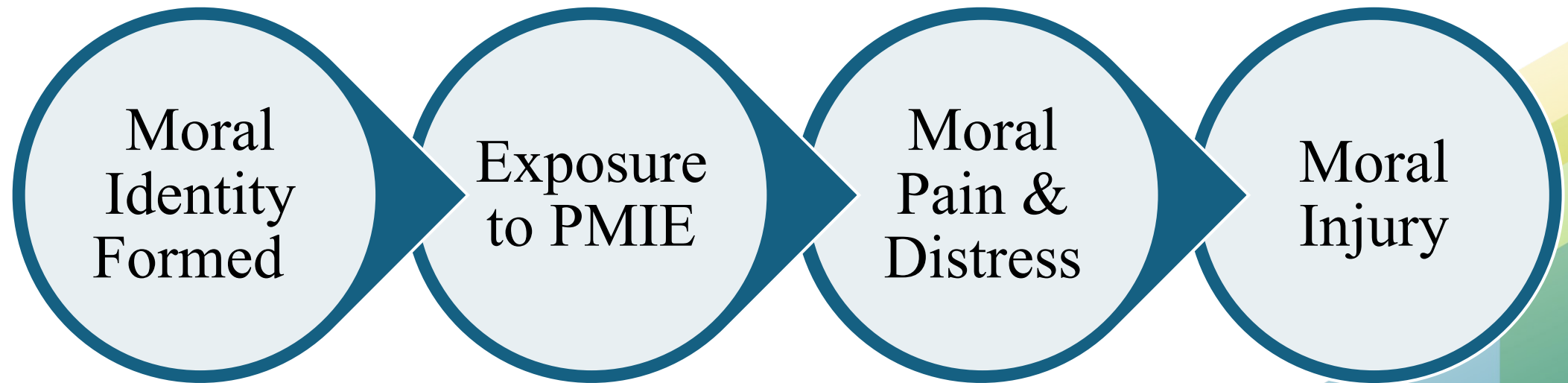
	FG ^a 1 n=5	FG2 n=5	FG3 n=6	FG4 n=6	FG5 n=6	FG6 n=5	Total n=33
	n	n	n	n	n	n	n (%)
Veteran Affiliation							
Veteran	1	1	1	3	2	0	8 (24.2)
VA Affiliate	1	3	3	3	3	4	17 (51.5)
Professional Role							
Research expert	4	5	4	6	4	5	28 (84.8)
Clinical care expert	4	2	2	4	3	4	19 (57.6)
Spiritual care expert	2	1	3	4	3	2	15 (45.5)
Other	2	1	3	1	0	0	7 (21.2)
Primary Population of Focus							
Active-duty service members/family	2	5	2	4	1	2	16 (51.6)
Veterans	5	4	5	3	5	5	27 (87.1)
First Responders/ Police	1	2	1	0	0	1	5 (16.1)
Healthcare Providers	0	2	2	0	1	2	7 (22.6)
Clergy/Religious Leaders	1	0	3	1	0	0	5 (16.1)
Other	0	0	1	0	1	2	4 (12.9)



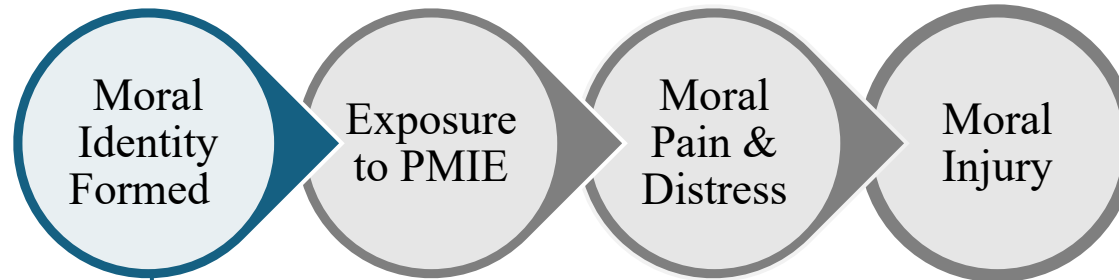
Other Professions: Moral Philosopher, Healthcare Ethics, Education/Training, Interdisciplinary Programming, Political Theology.

Other Populations of Focus: Educators, Legal Professionals, Civilians

Conceptualization: Defining MI

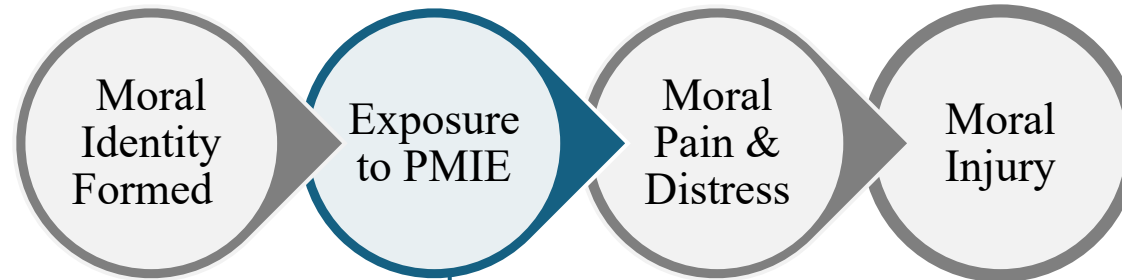


Conceptualization: Defining MI



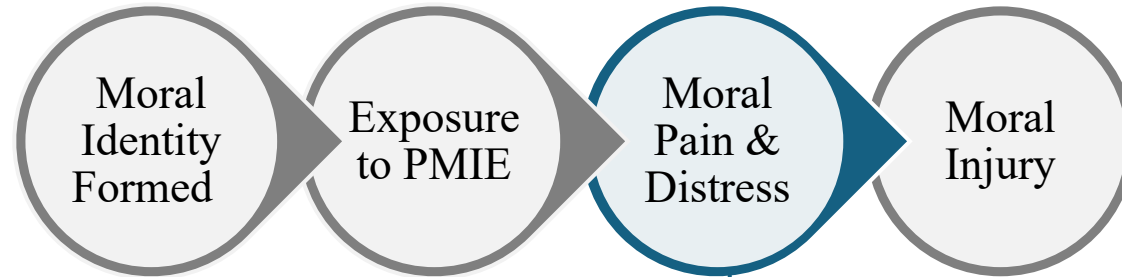
- Dynamic & adaptive process
- Shaped by culture, community, religion, and spirituality

Conceptualization : Defining MI



- Distinct from MI
- There is violation of moral identity
- 2 broad types: perpetration & betrayal
- Does not have to be acute or uncommon

Conceptualization : Defining MI



- Categorized as internalized or externalized
- Distinct from MI
- Can be adaptive & should not be overly pathologized

Moral Pain / Distress

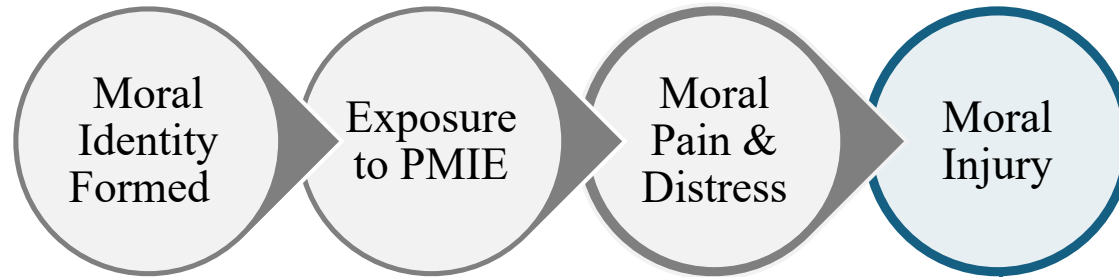
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Those [moral] emotions have functions. In a normal setting, if I've hurt somebody's feelings, I feel bad about it. That pain motivates me to restore the relationship, to reach out and say, "Oh, I'm sorry," in all the ways that we do that. I think the formal language is I have a social functional perspective on moral injury. I don't necessarily see moral pain as a symptom. Moral pain is healthy and adaptive.

(Research, Spiritual & Clinical Care Expert, Psychologist)

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Conceptualization : Defining MI



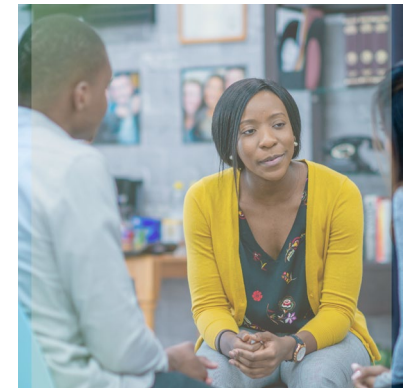
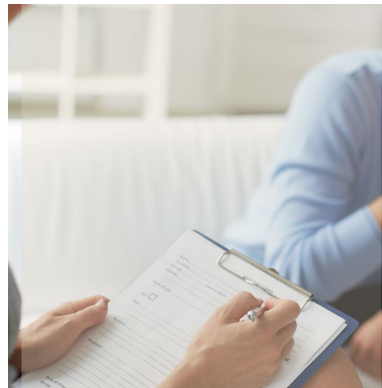
- Maladaptive responses to moral pain/distress
- Enduring clinically significant distress & functional impairment
- Shame-based phenomenon – distinguishing from PTSD
- Symptom expression is context specific, subjective, and varies in severity.

Conceptualization: MI Construct Utility

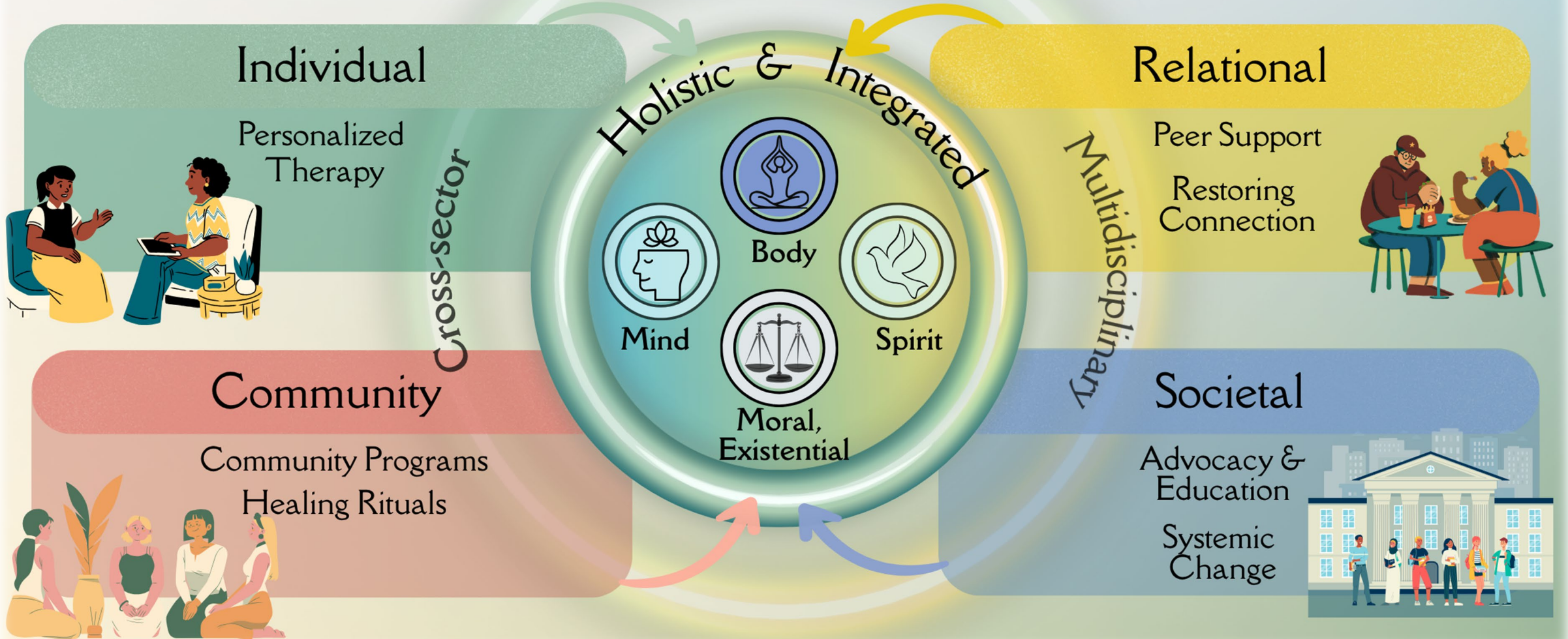
Practical
Utility

Conceptual
Clarity

Diagnostic
Utility



CARING FOR MORAL INJURY



Results

Recommendations

1. Establish Systemic Support and Visibility for Moral Injury Care
2. Leverage Existing, Effective Care approaches
3. Invest in Research & Dedicated Moral Injury Care Services
4. Support of Integrated & Holistic Care Approaches
5. Ensure Care is Accessible & Flexible
6. Expand Peer-to-Peer Support



“

Sometimes, there is a need to intervene at an individual level, but the only way I see prevention as a possibility in the future and the only way I see a really robust sustained healing and growth is at the systems level.

I think it's insufficient to focus exclusively on intervention, though I think there's reason and space for that. I think it's a multilayered process of prevention, healing and, hopefully, growth.

(Research and Clinical Care Expert, Psychologist)

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