

2021 Comprehensive Moral Injury Conference (CMIC) Program Book

Moral Injury Support Network for Servicewomen, Inc.

May 1, 2021

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1 Introduction

Moral injury is an ancient problem, but a fairly new research subject. Psychologists, social workers, counselors, therapists, and chaplains are just now realizing that there is something very deep that military veterans, healthcare workers, and minority peoples are feeling and experiencing in the midst of wars, COVID-19, and the battles for equality and social justice. There is something wrong with the world in which they live. Veterans suffer from the traumas of combat. Servicewomen have been harmed through sexual assault, harassment, and an unfair system. Many healthcare workers are being forced to do more with less and feel betrayed by a system that chooses money over person care. Nations and peoples around the world continue to struggle with racism. The deep sense of betrayal and injustice that many feel is called moral injury. Caregivers and clinicians of all types not only see moral injury (MI) in the people they treat, but are also struggling with MI as they try to bring healing.

2 Target Audience

The target audience for this program is psychologists, social workers, marriage and family therapists, and chaplains. The 2021 Comprehensive Moral Injury Conference will help bridge the gap in knowledge by presenting introductory and intermediate level instruction on MI research, assessment tools, and interventions being used by thought leaders and practitioners in the fields of psychology, social work, chaplaincy, and other healthcare fields. This conference takes a holistic, collaborative approach to MI. Regardless of where clinicians, chaplains, and therapists work, they are likely to encounter a person with MI and should understand how to identify it, as well as help the person or get them the care they need.

3 Agenda

The 2021 CIMC takes place June 8-10. All times shown below are Eastern Time.

3.1 June 8, 2021

Time (pm)	Topic	Presenter(s)
12:00-12:30	Sign-In	
12:30-1:00	Sponsor Presentations	
1:00-2:00	Preliminary Data from a Grounded Theory Study of Moral Injury in Women Veterans	Roberts & Kovacich
2:00-3:00	Moral Injury as an Identity Wound	Nash
3:00-3:30	Internal Family Systems Therapy: an Approach to Treatment of Moral Injury of Veterans and Service Members	D'Olympia
3:30-3:45	Break	
3:45-4:15	MILE Study: Moral Injury and the Lived Experience in Post-9/11 Veterans	Korshak
4:15-5:00	Moral Injury after Sexual Violence: Accountability and Transformation of Harm	Baisley, Pacciano, Farinas Gluckler & Wentz
5:00-5:30	Moral Injury: Healing the Wounds of Ministry	Goode
4.25	Total Contact Hours	

(June 9th on next page)

3.2 June 9, 2021

Time (pm)	Topic	Presenter(s)
12:00-12:30	Sign-In	
12:30-12:50	Sponsor Presentations	
12:50-1:30	Women Veteran Social Justice Network: Connecting Morally Injured Veterans in Virtual Community	McCoy & O'Hara
1:30-2:00	Third Location Decompression: Identifying & Assisting with Moral Injury Survival	Stewart & Sterling
2:00-2:45	Moral Injury and Spiritual Repair	Ramsey-Lucas
2:45-3:15	The Importance of Forgiveness by Peers and the Public in the Treatment of Moral Injury	Beale & Luff
3:15-3:30	Break	
3:30-4:00	Moral Distress and Moral Injury: Proposing an Integrated Approach	Horning
4:00-4:45	Me Too MST: Sexual Trauma in the Military	Gerhauser, Hunter Bottari, Levy, Del Gaudio Phillips & Ferri
4:45-5:15	Gendered Pathways to Moral Injury in Mental Healthcare Practitioners	Morris, Webb & Greenwood
4	Total Contact Hours	

(June 10th on next page)

3.3 June 10, 2021

Time (pm)	Topic	Presenter(s)
12:00-12:30	Sign-In	
12:30-1:00	Moral Injury & Post-traumatic Embitterment Disorder in UK Health and Social Care Professionals as a Result of the COVID-19 Pandemic	Brennan
1:00-1:30	Treating Moral Injury in War-Exposed Veterans	Yeck & Richards
1:30-2:15	Moral Injury Reconciliation (MIR): A New Paradigm for Pastoral Care	Lee
2:15-2:45	How Reframing Distress Can Support Your Workforce and Heal Your Organization	Holman
2:45-3:15	Building Spiritual Strength: Empirically Supported Spiritually Integrated Care for Moral Injury	Harris
3:15-3:30	Break	
3:30-4:00	When a Toxic Culture Won't Die: Cultural Overspill into the Veteran's Space, and its Implications for Help-Seeking Behaviors and Community Involvement Amongst Minority Veteran Populations	Gerhauser & Hunter
4:00-4:30	How Military Veterans Heal from the Moral Wounds of War	DiNatale
4:30-5:00	Incorporating Chaplaincy Best Practices into Evidence-Based Treatment of Moral Injury (MI) and Post-Traumatic Stress Disorder (PTSD)	Schimmelpfennig
4.25	Total Contact Hours	

4 Certificate Requirements

To receive a continuing education certificate, participants must complete ALL of the following requirements:

- Sign in to the online platform.
- View all sessions by attending live or watching the recordings.

- Review presentation slides.
- Score at least 80% on the online assessment.
- Complete the program evaluation.

5 Objectives

5.1 Assessed Objectives

The following objectives will be assessed using an online quiz at the end of the conference. Participants must score at least 80% on the quiz to pass. Participants may take the test more than once.

By the end of this conference, participants will be able to:

1. Identify the top three most common moral injurious events for women veterans (Roberts).
2. Select the six domains of symptoms associated with moral injury in any population at any age (Nash).
3. List the topics covered in the 16-week interdisciplinary veteran support group used by the Charles George VA Medical Center (Yeck).
4. Identify military cultural and leadership patterns that contribute to moral injury and dysfunctional lifestyle behaviors in post-9/11 veterans (Korshak).
5. List the factors that might make a service member more vulnerable to moral injury (Beale).
6. Describe the Moral Distress Process Model and its application to healthcare settings (Horning).
7. Identify the benefits of the third-location decompression approach for veterans returning home from deployment (Stewart).
8. List the predictors of moral injury and post-traumatic embitterment disorder (PTED) in health and social care professionals during the pandemic based on a cross-sectional study in the U.K. (Brennan).

9. Correctly identify the 3 elements of the Moral Injury Reconciliation (MIR) process that helps morally injured people develop a vision of life that is comprehensible, manageable, and meaningful (Lee).
10. Diagnose the root causes of moral injury in the healthcare force (Holman).
11. Identify some of the effects of spiritual distress or religious strain as defined by Harris (Harris).
12. List cultural elements that can re-traumatize and/or perpetuate feelings of vulnerability, powerlessness and rejection in minority veteran populations (Gerhauser presentation).
13. Define the Veteran-to-Civilian dialectic in the Moral Injury-Moral Repair Dialectic Model (DiNatale).
14. Describe 4 levels of graduated-risk participation in the WVSJ Network virtual community (McCoy).
15. List the four areas in which the Road Home Program works to enable moral injury repair (Schimmelpfennig).

5.2 Assessment Questions

The assessment questions below coincide with the objectives listed above.

1. Of the five possible answers below, select the top three most common moral injurious events for women veterans cited in Roberts and Kovacich's research (select three)?
 - (a) Sexual assault.
 - (b) Hostile work environment.
 - (c) Hearing of others' sexual misconduct.
 - (d) Combat.
 - (e) Gender harassment.
2. Which one of the following items does not belong to the six domains of moral injury symptoms identified by Nash?
 - (a) Continuity over time.

- (b) Emotional experience.
 - (c) Relationships.
 - (d) Combat fatigue.
 - (e) Concept of self and the world.
 - (f) Connection to the transcendent.
 - (g) Authority over oneself.
3. Of the following choices below, which topic is not covered in the 16-week interdisciplinary support group at Charles George VA Medical Center?
- (a) Family relationships.
 - (b) Guilt.
 - (c) Shame.
 - (d) Trust.
 - (e) Forgiveness.
4. According to Korshak, which of the following military cultural or leadership patterns contribute to moral injury and dysfunctional lifestyle behaviors in post-9/11 veterans?
- (a) “No pain, no gain” exercise approach and intense pressure to meet weight standards.
 - (b) Long work hours that encouraged caffeine and energy drinks rather than healthy sleep patterns
 - (c) Heavy alcohol intake.
 - (d) All of the above.
5. Based on the presentation by Beale, select all of the factors below that might make a service member more vulnerable to moral injury (more than one answer is possible):
- (a) Excessive altruism — leading to feeling overly responsible for the death of a buddy.
 - (b) Prior family history of ambiguous deaths and a lack of appropriate grieving.
 - (c) Self-blaming response to prior trauma.

- (d) Degree to which peers, health care providers or extended family are willing or able to discuss trauma.
 - (e) Degree to which action may deviate from line of duty responsibility.
6. In the Moral Distress Process Model put forth by Horning, what is the term that describes “lasting emotional consequences that remain from experiences that are morally distressing and compromise one’s moral values”?
- (a) Moral residue.
 - (b) Moral morass.
 - (c) Moral distress.
 - (d) Compromised values.
 - (e) None of the above.
7. Select three benefits to moral injury survivors of the third-location decompression approach presented by Stewart:
- (a) Survivors identify their injury(s).
 - (b) Survivors explore the source of their wound(s).
 - (c) Survivors experience complete healing from their wound(s).
 - (d) Survivors are able to heal on their own.
 - (e) Survivors seek further care from a supportive healing community.
8. According to Brennan, which of the following is not a robust predictor of moral injury and post-traumatic embitterment disorder (PTED) in health and social care professionals during the pandemic?
- (a) Lack of PPE and training.
 - (b) Combat exposure.
 - (c) Difficult resource allocation decisions.
 - (d) Feeling unable to provide adequate care or save patients.
 - (e) Fear for loved ones.
9. Which of the following is not one of the 3 elements of the Moral Injury Reconciliation (MIR) process?
- (a) Reconciling past traumas.

- (b) Easing present relationship dysfunction.
 - (c) Revisiting past mistakes and failures.
 - (d) Reducing future rumination of hopelessness.
10. According to Holman, what is the root cause of moral injury in the healthcare force?
- (a) Lack of autonomy.
 - (b) Insufficient latitude to practice.
 - (c) Extensive and misaligned incentives.
 - (d) Staffing shortages driven by financial decisions.
 - (e) All of the above.
11. Of the choices below, select three feelings or attitudes that may appear in a person experiencing spiritual distress or religious strain as defined by Harris?
- (a) Special closeness to one's Higher Power.
 - (b) The need to call one's pastor, priest, or imam.
 - (c) Feeling alienated from one's Higher Power.
 - (d) Fear related to sin or perceived sin.
 - (e) Expectations of punishment or abandonment from a Higher Power.
12. From the list below, choose the item that according to Gerhauser is NOT a cultural element that can re-traumatize and/or perpetuate feelings of vulnerability, powerlessness and rejection in minority veteran populations:
- (a) Lack of training.
 - (b) Toxic masculinity.
 - (c) Lack of accountability and systems oversight.
 - (d) Systemic shame.
 - (e) Victim blaming.
13. Which of the following is the definition of the Vet-Civ dialectic proposed by DiNatale?

- (a) The psychologically precarious situation the veteran finds himself in as he attempts to reconcile the conflicts and tensions arising from these two very different social worlds.
 - (b) The effects transitioning into civilian life brings when the veteran's moral and social being is then reconstrued by a different set of social standards.
 - (c) The effects the military's powerful institutionalized culture has on the veteran's psychological development.
14. From the list below, choose the one item that is NOT a level of graduated-risk participation in the WVSJ Network virtual community?
- (a) Self-disclosure.
 - (b) Service in organizational leadership positions and internships.
 - (c) Chaplain services.
 - (d) Mentoring of other veterans.
 - (e) Participation in small group retreats.
15. Select the four areas in which the Road Home Program works to enable moral injury repair (choose four items).
- (a) MI Identification.
 - (b) Loss of faith/Changing Perspectives.
 - (c) Forgiveness (self and God).
 - (d) Physical Therapy.
 - (e) Becoming a Wounded Healer.

5.3 Unassessed Objectives

The following objectives will be learned and practiced during the conference sessions, but will not be assessed through the quiz.

1. Describe how women veterans contextualize moral injury from their own experiences (Roberts).
2. Describe the interventions and challenges of a 16-week interdisciplinary veteran support group used by the Charles George VA Medical Center (Yeck).

3. Practice mindfulness, creative writing, poetry, body work, and ritual exercises that can help people heal from moral injury (Ramsey).
4. Understand how the criminal justice process for sexual assault can lead to moral injurious experiences for individuals in the prosecution and defense of sexual assault and domestic violence (Baisley).
5. Describe how Internal Family Systems Therapy helps a morally injured person use their inner strength, or self, to heal their parts, while simultaneously helping them build balance in their internal and external worlds (D'Olympia).
6. Describe the magnitude of moral injury in the healthcare force (Holman).
7. Identify wellness and self-care practices relevant to professional caregivers (Goode).
8. Understand gendered differences in moral injury in male and female clinicians found using the Moral Injury Event Scale (Morris).
9. Describe the difference between effective treatment models used for survivors of interpersonal trauma versus those geared towards survivors of combat trauma (Gerhauser panel).

6 Program Evaluation

The program evaluation will be completed online and provides to the host organization feedback on the value of the conference and the instructors. It also gives participants a chance to explain how they will use what they learned through the sessions. The following items are included in the program evaluation. Mandatory questions are marked with an asterisk. The rest are optional. Participants will use the following rating scheme: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree.

1. *Overall, the instructors were knowledgeable.
2. List the instructors that were the most knowledgeable.
3. List any instructors that were not very knowledgeable.
4. *Overall, the teaching strategies were appropriate and engaging.
5. List the instructors that were the most engaging.

6. List any instructors that were not very engaging.
7. *Overall, the learning materials for the program were appropriate.
8. List the presentation(s) you found most useful and why.
9. List the presentation(s) you found least useful and why.
10. *Overall, the program met my professional objectives.
11. *Overall, the program presented professional skills I can use.
12. *Describe how you plan to put into the practice the things you learned in this program.
13. *I would recommend this program to a colleague.
14. Additional comments about the instructors, the program, or administrative procedures.

7 Refund Policy

Prior to the start of the conference, a person may cancel his or her registration and receive a refund. Since all conference sessions will be recorded and made available to participants, after the conference begins, no refunds will be given except in special cases. For questions about this policy or to request a special exemption, contact Dr. Daniel Roberts at: droberts@chaplainconsultants.com.

8 Presenter Information

This section provides the credentials and experience of each of the primary presenters, as well as a brief description of each session.

8.1 Baisley, Margaret (Maggie) C., PhD; Subject Matter Expert, Defense Health Agency

Credentials: WA State Psychologist License PY60820199, VA State Psychologist License #0810006678

Maggie is a clinical psychologist who served in the Army, as a DoD contractor, and within the VA as a Military Sexual Trauma coordinator. She also co-founded the

Reclaim Justice Movement, which is focused on building alternatives to our current punishment-based systems towards an accountability model. This effort includes collaborating with other organizations to help individuals build conflict-resolution skills and empower communities to come together to address violence in the most direct, humane, and productive ways possible.

Session: Moral Injury after Sexual Violence: Accountability and Transformation of Harm

This panel includes an individual who survived domestic and sexual violence leading to two courts-martial, and individuals who have experience in the prosecution and defense of sexual assault and domestic violence, as well as the representation of victims during the investigation and judicial proceedings. In this panel, we will discuss the moral injury experiences of multiple parties in the criminal justice process for sexual assault and the potential for accountability-based strategies.

8.2 Beal, Edward Wescott, M.D.; Clinical Professor, Georgetown University School of Medicine Department of Psychiatry

Credentials: American Psychiatric Association, Distinguished Life Fellow

Edward W. "Ted" Beal is a clinical professor of psychiatry, Georgetown University School of Medicine, a Distinguished Life Fellow of the American Psychiatric Association, a diplomate of the American Board of Psychiatry and Neurology and served as a captain in the US Army during the Vietnam War. *War Stories from the Forgotten Soldiers* is the culmination of almost eight years of experience and nearly 5,000 interviews working with returning soldiers. The interviews were via Telehealth initially from WRAMC.

Session: The Importance of Forgiveness by Peers and the Public in the Treatment of Moral Injury

By means of an interview the author will present excerpts from his experience of over 5,000 interviews with service men and women via Tele Health at WRAMC. During this experience he learned the importance of identifying what part Moral Injury plays in the physical and emotional well-being of service members.

Susan M. Luff, MS, APRN will interview the author about his experience. After a brief general overview, he will present three cases following by his personal reflection about the material presented. The stories demonstrate the importance of the extended family system in the treatment of moral Injury, the factors that might make a service member more vulnerable to Moral Injury and the role of peers and the public in the treatment of Moral Injury.

8.3 Brennan, Chloe, MSc; Psychology PhD student, University of Liverpool

Credentials: MSc Forensic & Investigative Psychology

I am a second year U.K. PhD student researching the prevalence and predictors of moral injury and Post-traumatic embitterment disorder (PTED) in various occupational groups. To this end, I have gathered data of moral injury in U.K. healthcare professionals that have been affected the COVID-19 pandemic and will continue to collect this data longitudinally. I am also widening out my research to other groups including higher education students affected by the pandemic, University staff members that have experienced widespread redundancies, and police officers that have been assaulted on duty. I am also conducting a systematic review of the occurrence and correlates of occupational moral injury and PTED.

Session: Moral Injury & Post-traumatic Embitterment Disorder in UK Health and Social Care Professionals as a Result of the COVID-19 Pandemic

This presentation will discuss findings from a cross-sectional online study I conducted in September-October 2020 in the UK. The objective was to estimate the prevalence and predictors of moral injury and post-traumatic stress disorder (PTED) in UK health and social care professionals during the pandemic. 400 participants that were living and working in the UK throughout the pandemic were recruited across a diverse range of health and social care roles.

8.4 D'Olympia, Jenny J., PsyD, LMHC

Credentials: Licensed Mental Health Counselor, Commonwealth of Massachusetts, License #6567

In my role, as the Interim Director of the Military and Veteran Psychology Program and faculty member at William James College, I have the opportunity to introduce students to the concept of moral injury. I have been in the mental health field for nearly 18 years, during this time I served at the Department of Veterans Affairs, Boston Vet Center, for 7 years counseling veterans returning from Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) and other warzones. My experience with service members, veterans, and their families has given me insight into the specific mental health needs of this population as it relates to PTSD and moral injury. While at the Vet Center, I was introduced to the concept of moral injury by Dr. Johnathan Shay, the VA Psychiatrist who coined the term in his book, *Achilles in Vietnam*. At the Vet Center, we worked with the elements of combat trauma from the lens of moral injury. Dr. Shay was our outside consultant who offered consultation and support

during biweekly team meetings.

Session: Internal Family Systems Therapy: an Approach to Treatment of Moral Injury of Veterans and Service Members

Internal Family Systems Therapy (IFS) is a therapeutic modality in which all parts are valuable and subpersonalities are welcome aspects of the whole person. In Internal Family Systems Therapy, the work is in helping an individual use their inner strength, or self, to heal their parts, releasing them from their extremity while simultaneously helping them build balance in their internal and external worlds. This presentation will draw a link between the conflictual parts that arise following a moral injury and the parts work of Internal Family Systems Therapy to help alleviate the incongruence compelled by a moral injury.

8.5 DiNatale, Lois E., Ed.D.; Cultural Psychologist, CEO, Human Dialectics, LLC

Credentials: Doctorate in Education, The George Washington University

Recently, I embarked on a dissertation exploring how veterans healed from moral injury. As a Navy civilian, I had served with active-duty and veteran military members and instantly felt a connection with this topic. I learned much about the human condition through veteran intimate accounts of pain, anguish, joy and hope. All of which found lasting healing through holistic practices before, in conjunction with, or in lieu of clinical medical treatment. Concurrently, my son was becoming mysteriously physiologically and psychologically ill. Doctors said he would need psychiatric medications for the rest of his life. In 2016, he was hospitalized for 10 weeks with an eating disorder. By 2018, his health deteriorated to the point where he almost died. Eventually he was properly diagnosed with Lyme Disease that, we learned, had ravaged his digestive and central nervous systems affecting his gut and brain health. Today, through holistic healing practices, my son, is a healthy, strong young man. These two life experiences coalesced to take me on a deeply spiritual journey. I found it uncanny how the stories of trauma, pain and suffering endured by the veterans in my study as well as their transformational journeys of real and lasting healing mirrored the personal experience I was witnessing in real time through my son's sickness and healing.

Session: How Military Veterans Heal from the Moral Wounds of War

The purpose of this qualitative research study was to explore the journey from moral injury to moral repair among 14 U.S. military veterans through a cultural psychological lens. Viewing their journey from moral injury to moral repair this way made visible the effects the military's powerful institutionalized culture has on the veteran's psychological development, the effects transitioning into civilian life brings when the

veteran's moral and social being is then reconstructed by a different set of social standards, and the psychologically precarious situation the veteran finds himself in as he attempts to reconcile the conflicts and tensions arising from these two very different social worlds.

8.6 Gerhauser, Patricia, MA; Executive Director, RISE: Rank & File

Credentials: MA, Communication Studies; Graduate Certificate, Conflict Management

Over the last 2 years, RISE: Rank & File has worked to build community amongst survivors of Military Sexual Trauma (MST). Our community building practices have intentionally highlighted considerations of moral injury that often coincide with the experience of Military Sexual Trauma, such as: shame, betrayal trauma, self-blame, feelings of unworthiness, and an inability to accept or integrate a veteran identity. We believe that by raising awareness around the experience of MST, and the individual experiences of survivors, we can bolster a larger conversation that combats negative internalized processes. Through our educational and storytelling events, we have been able to address these feelings of shame and isolation, while simultaneously working to promote a new narrative within this population that emphasizes self-compassion and pride in service.

Session: Me Too MST: Sexual Trauma in the Military

The panel event will feature survivors of military sexual trauma (MST), as well as mental health professionals who serve MST survivors. Panelists will be asked to discuss their experience(s) of MST, highlighting important aspects of their journey within the military, their transition back to civilian life, and their experience(s) seeking services within the veteran community.

Session: When a Toxic Culture Won't Die: Cultural Overspill into the Veteran's Space, and its Implications for Help-Seeking Behaviors and Community Involvement Amongst Minority Veteran Populations

This presentation will begin by identifying key terms and outlining a framework for audience members to think critically about organizational and community culture within the military and veteran sectors. The elements of toxic masculinity, lack of accountability, transparency and systems oversight, unbalanced power dynamics, victim-blaming, and systemic shame will be highlighted. These cultural elements often breed environments and interactions that can re-traumatize and/or perpetuate feelings of vulnerability, powerlessness and rejection, exacerbating moral injury and mental health issues in minority veteran populations.

8.7 Goode, Tommy, DMin; President & Founding Director, Moral Injury Institute, Inc.

Credentials: Clinical Pastoral Education, Kansas City Veterans Hospital

Rev. Dr. Tommy Goode, DMin., is the president and founding director of Moral Injury Institute, Inc. that exists to create a reliable, sustainable web of care, through training, advocacy, networking, and strategic initiatives for Veterans and others struggling with trauma-related moral injury. For the past five years Dr. Goode has led a program focusing on care for military Veterans and their families, with increasing focus on trauma-related moral injury among Veterans and other professional and demographic groups, including: clergy, mental health, social work, healthcare, law enforcement, senior care, and first responders.

Session: Moral Injury: Healing the Wounds of Ministry

This presentation will focus on the roles of professional spiritual caregivers (including chaplains, pastors, and other clergy). Those who have experienced trauma-based personal and professional life experiences may struggle with the effects of social/emotional/spiritual wounds, which is identified as moral injury. The wounds of moral injury are now being identified with various professional groups (doctors, nurses, therapists, pastors, chaplains, etc.). There are few, if any, predictors of when the struggle with moral injury may occur or reoccur. Accident, injury, loss, or critical incident medical treatment may trigger flashbacks and/or other reactions to the trauma-event that resulted in moral injury. This presentation proposes to provide timely and needed knowledge and practice insights for those charged with the spiritual-care and wellness concerns of themselves and those in their care.

8.8 Harris, Jeanette Irene, PhD; Director, Social and Community Reintegration Research Center VA Bedford Healthcare System

Credentials: Licensed Psychologist in Minnesota

As a staff psychologist, Dr. Harris provides vocational rehabilitation services for Psychiatry Partial Hospitalization and Vocational Rehabilitation, including vocational adjustment counseling, addressing ineffective performance, remediating concerns, and terminating involvement in program where clinically indicated. As a clinical investigator, Dr. Harris uses research skills to develop, implement, and evaluate local organizational interventions.

Session: Building Spiritual Strength: Empirically Supported Spiritually Integrated Care for Moral Injury

This presentation will review the research on "Building Spiritual Strength," a chaplain-led, manualized, group counseling program designed to address moral injury in Veterans and Active Duty Military Personnel. Results of two randomized controlled trials will be presented, including effects on PTSD and spiritual distress, as well as treatment dropout. The presentation will also include a description of the psychospiritual developmental theory of moral injury and information on getting training and starting a new Building Spiritual Strength program in your area.

8.9 Holman, Elizabeth P., PsyD; Palliative Care Psychologist, Rocky Mountain Regional Veterans Affairs Medical Center

Credentials: Licensed Clinical Psychologist

Dr. Holman has been working as a palliative care psychologist for over 16 years, serving in the Ethics Consult Service, the Critical Incident Response Team, and Facility Dog Handler in the Eastern Colorado Healthcare System. She has also been serving as an adjunct professor in the University of Colorado School of Medicine for over 5 years.

Session: How Reframing Distress Can Support Your Workforce and Heal Your Organization

The healthcare workforce was in an epidemic of distress for years before the pandemic. COVID-19 stressors have made matters worse. Burnout surveys reveal numbers that, for years and despite myriad interventions, stubbornly refused to budge. What if burnout is not an accurate diagnosis? Clinicians increasingly identify with the concept of moral injury, as opposed to burnout. The healthcare workforce recognizes moral injury as a better descriptor of their experience. It affects their ability to deliver care, and it hinders hospitals and health systems from achieving their mission and purpose while maintaining their values. Moral injury stems from a conflict between the principles of good medicine and the principles of good business that is too often unrecognized and is rarely addressed. It does not mean organizations are acting unethically or immorally. It means that the natural divide between the business and clinical sides of medicine has not been intentionally, explicitly bridged to the detriment of clinicians, patients, and administrators alike.

8.10 Horning, Jillian, MSc; Moral Distress Consultant, Tend Academy

Credentials: MSc, Global Health, McMaster University

I was a member of the Ethics in Medicine Military Research Group (EMMRG) at McMaster University where I completed my Master's thesis by conducting primary research examining the experience of moral distress in military healthcare providers. In the literature review I analyzed the experiences of moral injury and moral distress with a comparative discussion. In this thesis I completed qualitative analysis of a pre-existing military model of moral distress and compared it to a novel data set, and then provided recommended revisions. I have put forth 2 publications based on this work as well as several presentations. I have also worked as a consultant with the Office of Clinical and Organization Ethics at Hamilton Health Sciences.

Session: Moral Distress and Moral Injury: Proposing an Integrated Approach

First a comparison of the concepts of moral distress and moral injury in the literature will be conducted by examining the signs, symptoms, and holistic experience. I will discuss the commonalities and propose that moral distress and moral injury can be considered overlapping constructs of moral harm; and while they have been studied in parallel, moving forward it is important to examine the shared subject matter. Moral distress and moral injury (MD/MI) are related to other phenomena such as burnout and PTSD, however they are unique in that the consequences often impact one's sense of self, understanding of how the world works, and erodes spiritual beliefs. I will discuss how MD/MI are experienced as a type of trauma that violates one's core values and beliefs, against which one is overwhelmed and unable to effectively cope.

8.11 Korshak, Lauren, DHealth(c),MS, RCEP; Health System Specialist, Veterans Health Administration

Credentials: Masters of Science, Clinical Exercise Physiology; American College of Sports Medicine (ACSM) Registered Clinical Exercise Physiologist (RCEP)

Lauren Korshak is a Health System Specialist with VA's Office of Health Equity where she leads translation efforts to tell stories about how VA is working to reduce and eliminate health disparities in Veterans. Prior to joining OHE, Lauren worked within VA to develop and expand VA's strategic partnerships with nongovernmental organizations that included the YMCA, United States Tennis Association, (USTA), and the Institute for Healthcare Improvement's 100 Million Healthier Lives Initiative. Before transitioning to national public health policy work, she practiced as a physiologist at the Washington, DC VA Medical Center where she oversaw the exercise and stress management components of a holistic program that provided intensive diabetes management through lifestyle interventions and was engaged in epidemiology

and clinical research.

Session: MILE Study: Moral Injury and the Lived Experience in Post-9/11 Veterans

In the realm of the military experience, moral injury is often manifested as feelings of betrayal, shame, and guilt. This project explored the perception and experience of moral injury and its symptoms among post-9/11 Veterans' in relation to their engagement in healthy lifestyle behaviors (e.g. healthy food choices and engaging in regular physical activity). This project was a multi-method study; the research question was evaluated quantitatively using validated assessments of morally injury (Moral Injury Questionnaire—Military Version), depression (Personal Health Questionnaire-9) and PTSD symptoms (Posttraumatic Checklist-5), combat exposure (Combat Exposure Scale), and engagement in health behaviors (Multidimensional Health Behaviour Inventory), and qualitatively through the analysis of participants' written narratives.

8.12 Lee, Lewis J., DMin.; Chaplain, Veterans Administration San Diego Healthcare System

Credentials: California State Licensed Marriage & Family Therapist (LMFT 86487)

As part of my routine duties at the San Diego VA, moral injury (MI) has been a major focus of my daily clinical interventions since 2009. My 25-year military service in Special Operations perhaps provides a unique context to better understand, assess, and treat this "inner conflict" problem. Additionally, my exposure to active duty personnel, Veterans, and families challenged with MI include WWII American Ex-POWs and local law enforcement personnel. Specific, other-work related experiences, publications, and presentations are contained in the CV.

Session: Moral Injury Reconciliation (MIR): A New Paradigm for Pastoral Care

The moral injury (MI) sequela is a potent symptom constellation affecting active duty members, veterans and families. Betrayal by authorities, leadership failures or violating one's core beliefs (by commission or omission) are potentially morally injurious events (PMIEs). Unresolved, a PMIE may inaugurate MI and produce guilt/shame, anger, and depression if moral/ethical expectations are transgressed. Out of this complexity, the Moral Injury Reconciliation (MIR) was conceived. MIR's mission is first to offer a new paradigm for 21st century pastoral care delivery. The MIR enterprise is a salutogenic (health origins) adaption and novel approach to help.

8.13 McCoy, BriGette, MS; President & Founder, Women Veteran Social Justice Network

Credentials: MS, Theology Pastoral Counseling; Clinical Ministry minor

Founded social justice and inclusion nonprofit for women veteran through innovative concepts and processes utilizing social media, Web 2.0 tech-enabled tools, and mobile device communication in 2008 using education technology pedagogical principles. Directs volunteers, organization focused on educating, advocating, and empowering women veterans to reintegrate into civilian life. Trained and led clients on self-advocacy and self-empowerment and identified resources to launch nonprofits and partnerships with other services and established a comprehensive network with veteran service organizations and nonprofit religious and nonpartisan organizations to enrich and care for veteran women using social media technology and networking systems.

Session: Women Veteran Social Justice Network: Connecting Morally Injured Veterans in Virtual Community

This presentation describes Women Veteran Social Justice Network's use of virtual technology as an affirming space for morally injured veterans to rebuild trust and connect to a veteran community. It offers options requiring increasing risk taking, including self-disclosure, training, and leadership centered around a virtual national community of veterans. The network hosts 24/7 interactive platforms; social media posts; podcasts; referrals and resources; mentoring, and virtual instruction. Options for veterans to increase risk-taking and self-disclosure include attendance at live events; service in organization leadership positions; internships; mentoring of other veterans; writing/publishing/presenting; collaborating with other community organizations; and, requiring the highest level of self disclosure, attending small group retreats. The network also includes male veterans, clinicians, and other stakeholders.

8.14 Morris, Deborah, D Clin Psych; Consultant Clinical Psychologist and Academic Consultant Psychologist: Academic Centre St Andrews Healthcare

Credentials: Doctorate in Clinical Psychology, University of Southampton

The Centre for Developmental and Complex Trauma has an evolving research / practice programme focusing on Moral Injury in both service users and healthcare professionals. Specifically we are exploring the prevalence and relationship to clinical needs in people detained (incarcerated) to mental health facilities who have engaged in offending behaviours and also in our staff groups. Working in restrictive environments

with acutely mentally ill offenders can create ongoing moral conflicts. Moral injury is being explored alongside piloting Compassion Based Staff Support (CFSS) within the organisation. In February 2021 we hosted the 'moral injury in healthcare' conference in the UK, jointly with the British Psychological Society, which was attended by over 160 paying delegates, including those from the US.

Session: Gendered Pathways to Moral Injury in Mental Healthcare Practitioners

Staff in forensic and mental settings work under challenging and stressful circumstances, and may present with high levels of distress. Such presentations have largely been formulated as 'burnout', 'compassion fatigue' and 'secondary trauma', locating the problem within the individual. Nevertheless, an alternate paradigm that warrants exploration in this population is moral injury, shifting the focus to the system in which they work (Dean et al., 2019). Current evidence has almost exclusively been drawn from veteran and, by artefact, male populations (i.e. Litz et al., 2009; Farnsworth et al., 2014). As such, gendered exploration of the prevalence of moral injury, and the experiences which precede its development, in forensic mental healthcare staff represents a key research priority. A charity-wide survey was conducted to explore the prevalence of moral injury, alongside other conceptualisations of distress, and its sources, in clinical staff working in a forensic mental health setting.

8.15 Nash, William Peter, M.D.; Staff Psychiatrist, Greater Los Angeles VA Healthcare System

Credentials: Medical Licensure, California: G 86990; American Board of Psychiatry and Neurology, Certificate 30749

Bill Nash is a clinical and research psychiatrist at the VA Greater Los Angeles Healthcare System and a Health Sciences Associate Clinical Professor at the David Geffen School of Medicine at UCLA, where he leads an emerging program of research and treatment for veterans with moral injury. Previously, he served as the Director of Psychological Health for the U.S. Marine Corps, and while on active duty in the Navy, as combat-stress-control psychiatrist embedded with the 1st Marine Division in Iraq, a role for which he was awarded the Bronze Star Medal. The doctrine for maintaining psychological health in military operations written by CAPT Nash in 2009 still informs leadership training throughout the US Navy and Marine Corps, and has been adapted for use by firefighters, healthcare workers, and other nations' militaries. His peer-reviewed research with Marine infantrymen was the first to document PTSD in service members as a direct result of violations of moral expectations, and he is currently studying moral distress and injury in psychiatric trainees. Dr. Nash has

co-authored two books, *Combat Stress Injury: Theory, Research, and Management* (2007), and *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury* (2017).

Session: Moral Injury as an Identity Wound

In this workshop, attendees will review six clusters of symptoms associated with moral injury in any population at any age, and the evidence that these symptom clusters reflect the nature of moral injury as a lasting wound to one's social identity. By applying biomedical stress science and Heinz Kohut's work on the nature and functioning of the social self, a model will be developed of moral injury as a loss of sustaining emotional attachments, both internal and external, and of moral repair as the restoration or replacement of lost sustaining attachments, both internal and external. Attendees will practice using tools for self-assessment of moral health and well-being piloted for veterans with moral injury across the lifespan, including from war-zone experiences, childhood abuse, and military sexual trauma, at the Greater Los Angeles VA Healthcare System. Implications and applications of this moral health model to other arenas will be discussed, including healthcare, the chaplaincy, social justice and the impacts of the Covid-19 pandemic. Time will be split between lecture and discussion or practice. Electronic copies of all materials will be provided to attendees.

8.16 Ramsey-Lucas, Carol, MDiv.; Chief, Chaplain Service, Washington, DC VA Medical Center

Credentials: Board Certified Chaplain, Association of Professional Chaplains

In Carol Ramsey-Lucas' 21 years of service at the DC VAMC she has provided direct patient care through individual visits and groups including a Moral Injury group that she began in Chaplain Service along with partners in trauma services. Chaplains Ramsey-Lucas have also provided presentations on Moral Injury to inter-agency contacts including Customs and Border Protection Agency (September 2020), the National Caregiver Program (June 2020), and to the Directors of Psychological Health (DPHs) Annual Training at Andrews Air Force Base (2019). In 2017 Chaplains Ramsey-Lucas and Jones presented a poster presentation at the DC VAMC titled "Veterans Suffering from Moral and Spiritual Injuries: A New Group Treatment." Chaplain Wallace is the Mental Health Chaplain at the DC VAMC and facilitates groups in both inpatient and outpatient mental health. All the presenters are currently facilitating the Moral Injury and Spiritual Repair Group for veterans at the DC VAMC.

Session: Moral Injury and Spiritual Repair

This interactive presentation will explore the curriculum and activities utilized in

the Moral Injury and Spiritual Repair 10-week group for veterans at the Washington, D.C. VA Medical Center provided by Chaplain Service. The group uses a combination of educational didactics, mindfulness exercises, creative writing, poetry, music, body work, and ritual to work through a range of issues related to moral injury. Chaplain Service leads the group and invites speakers from Trauma Services, Integrated Health and Wellness, and former graduates of the group as guest presenters. Topics covered in the group include a comparison of PTSD and moral injury, values, trauma and the body, spirituality and religion, beliefs about killing, death and violence, guilt and shame, resilience, grief and loss, and the role of ritual in our lives. In this workshop, presenters will guide workshop participants through a sample group session. Workshop participants will engage in multiple exercises and activities used with veterans in typical group sessions. Presenters will also provide references for stories, readings and homework assignments given to the veterans throughout the 10 weeks. The workshop will end with an example of a ritual experience veterans helped to create as a way to mark the end of their time together.

8.17 Roberts, Daniel L., DM/IST; President & CEO, Moral Injury Support Network for Servicewomen, Inc.

Credentials: Doctor of Management in Organizational Leadership/specialization in Information Systems Technology

Dr. Daniel Roberts is the President and CEO of the Moral Injury Support Network for Servicewomen, Inc., a 501(c)(3) non-profit organization that conducts world-class, women-centered education and research in spiritual leadership and spiritual support. He is also the Chief Religious Affairs NCO of the Chaplain Directorate of the U.S. Army Reserve Command. Daniel has over 18 years of experience in providing emotional and spiritual support to men and women in the armed forces. He also provides training and mentorship to thousands of military, VA, and civilian chaplains through conferences, classroom instruction, and one-on-one coaching.

Session: Preliminary Data from a Grounded Theory Study of Moral Injury in Women Veterans

Moral injury is a topic that is drawing more and more researcher attention, but it is far from fully defined. Few moral injury studies used women veterans as a study population and there is no comprehensive moral injury theory that fully accounts for the experiences of military women. This study included 47 women who served in the U.S. Army, Navy, Air Force, or Marines. Participant ages ranged from 32 to 72 with a mean of 55. On average, participants stayed in the military for 15 years, with the most years served as 40. Both officer and enlisted veterans participated. Researchers conducted

semi-structured interviews over the phone with 16 participants, while 31 women completed anonymous online surveys. Given the complex nature of moral injury and the research data, the results presented in this article are preliminary. Investigators generated 9 themes related to what participants said about the incidents leading to their moral injuries: sexual assault, hostile work environment, gender harassment, retaliation, combat and occupation, lack of integrity, betrayal, violating own morals, and hearing of others' sexual misconduct.

8.18 Schimmelpfennig, Mark, MDiv.; Staff Chaplain, Road Home Program: The National Center of Excellence for Veterans and Their Families

Credentials: Master of Divinity, McCormick Theological Seminary

Mark Schimmelpfennig has been the Staff Chaplain at the Road Home Program for over 5 years. He provides spiritual care and counseling, specializing in PTSD and trauma recovery, as well as moral injury repair to the veterans and families in all of their programs. He facilitates a weekly Combat Veteran Peer to Peer support group and developed RHP Standards and Practices manual for Chaplaincy.

Session: Incorporating Chaplaincy Best Practices into Evidence-Based Treatment of Moral Injury (MI) and Post-Traumatic Stress Disorder (PTSD)

Veterans in spiritual distress display many of the effects of PTSD (such as guilt, shame and depression) along with very often a break with their faith in God, and struggling with a greater loss of meaning and purpose in their lives. It has also been found that in these circumstances, some veterans would prefer to seek out clergy over traditional mental health clinicians (Fontana & Rosenheck, 2005). The four areas in which Chaplaincy has taken an active role in MI repair at the RHP are; Moral Injury identification in self; Loss of faith and Changing Perspectives (using CPT); Forgiveness (self and God); Becoming a Wounded Healer (Nouwen, 1972).

8.19 Stewart, Phillip N., Dth.; Chaplain, 355th Wing, Davis-Monthan Air Force Base

Credentials: Doctor of Theology, Ludwig-Maximilians-Universität, Munich, Germany

Chaplain Stewart is an active duty USAF Chaplain executing the Third Location Decompression program, conducting research and publications on Moral Injury; serving as the USAF Chaplain Corps Subject Matter Expert for Moral Injury and the De-

partment of the Air Force Invisible Wounds Initiative Chaplain Corps Representative. Phillip authored training and awareness courses for USAF on Moral Injury.

Session: Third Location Decompression: Identifying & Assisting with Moral Injury Survival

The Deployment Transition Center (DTC) is the only active duty third location program in the Department of Defense (DoD) which specifically addresses moral injury. The DTC's program consists of an enroute stop for individuals returning from deployment and easing their transition back into home station life. The program is built around a unique facility and curriculum which creates a small break from military environments and features both expectation management and reintegration skills designed to help alleviate the burdens associated with returning from deployment. Moral injury is specifically identified during safe-space disclosure sharing sessions and addressed via both education and connection initiatives. Guided small group discussions enable service members to become familiar with the concept of moral injury and, if applicable, help assess whether experienced events caused moral pain or dissonance. These discussions leverage the cathartic benefits of a guided After-Action Debrief followed by an opportunity to internalize, process, and verbalize their experience in a follow on session which bridges the gap between deployed and home station life. Individuals with suspected cases of moral injury, or dissonance, are connected to resources as needed to start the healing process and ease their return to family and friends.

8.20 Yeck, Amanda T., Psy.D; Staff Psychologist, Charles George VA Medical Center

Credentials: State of North Carolina Licensed Psychologist/HSPP

I am a clinical psychologist at the Asheville VAMC and work primarily with OEF/OIF/OND Veterans through our outpatient mental health clinic. Moral injury has been a long-standing personal and professional interest of mine and it has been an honor to work with combat Veterans over the last five years. I first became interested in the concept of moral injury through some research in graduate school and had the opportunity to co-lead and continue to develop a moral injury group for combat Veterans in our clinic, initially on my doctoral internship and now as a staff psychologist. My work includes some program development, co-facilitating group with Chaplain Richards, participating in various didactic presentations to both Psychology Interns as well as Chaplaincy Residents, and providing consultation and supervision when appropriate. Our group has developed over the last few years based on Veteran-feedback and gaining further experience working with this population, and I hope will continue to expand to other

demographics in our clinic (e.g., Moral injury for MST survivors). I have also obtained formal training in the Trauma Resiliency Model (TRM) and EMDR that help conceptualize the somatic healing that must also take place in addition to the moral/spiritual, two areas often times neglected by traditional cognitive and exposure-based therapies.

Session: Treating Moral Injury in War-Exposed Veterans

Moral injury represents the psychological, cultural, and spiritual inner conflicts that arise when soldiers violate their belief and expectations of “what’s right.” Combat Veterans in particular experience morally injurious events as part of a trifecta of roles in theatre: predator, prey, and witness. At it’s core, those who have experienced moral injury in war carry doubts about their inherent worthiness of healing, acceptance, compassion, and forgiveness. The Asheville VAMC offers an interdisciplinary group focused on treating combat-related moral injuries in all eras. This presentation aims to discuss the structure of the group, topics covered, interventions, and challenges that commonly arise through this work. The 16 week group is co-led by a clinical psychologist and chaplain, and aims to integrate aspects of various therapeutic modalities (e.g., ACT, Adaptive Disclosure, Compassion-focused therapy, Narrative therapy, CPT). Group focuses on developing a better understanding of moral injury vs PTSD, the social psychology behind “why good people do bad things,” and developing a personal narrative of one’s own experiences and the impacts these have had on their sense of faith and trust. Topics addressed include guilt, shame, blame, forgiveness, trust, spirituality (broadly defined), grief, and post-traumatic growth. Given the importance of witnessing grief and sharing collective responsibility for the healing of our Veterans, group concludes with a public Healing Ceremony held at the Warrior’s Cairn on the VA campus.

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