Spiritual Care for PTSD & Moral Injury: An Underexplored Aspect of Care

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Meet your Host
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Training and Work Experience
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Banner Good Samaritan Medical Center
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Thomas Jefferson University Medical Center
Magee Rehabilitation Hospital

SME
Spiritual Care
Chaplaincy Care
Ethics
Grief and End of Life
Meaning Making
Burnout
Moral Injury/Distress
Inclusion, Diversity, & Equity
Compassion Fatigue and Compassion Cultivation
Psychological First Aid
Spiritual Distress Support

Adelyn
(7th grade)
Holton
(5th grade)
Our double doodle, Rigby
Today, we will:

• Learn about similarities and differences between moral injury & moral distress as they relate to military servicemembers and veterans, and to healthcare professionals.

• Explore how spirituality and spiritual care can engage moral injury & moral distress in both military personnel / veterans and healthcare professionals.

• Be able to articulate potential strategies for addressing and positively impacting moral injury & moral distress, both in our own clinical work, and for those we serve.
Outline of content

• Introduction to Spiritual Care & Chaplaincy
• PTSD & Moral Injury
• Moral Injury in the Military vs Clinical Context
• Strategies for Addressing Moral Injury with Military & Clinical Personnel
• Spiritual Care with Moral Injury
Introduction to Spiritual Care & Chaplaincy
Chaplains are trained to specifically address the existential needs of patients, their loved ones, and other healthcare providers.
Spiritual Care Generalists and Specialists

- Most clinicians are familiar with the Generalist / Specialist model
- The chaplain is the spiritual care specialist on the healthcare team and has the training necessary to treat spiritual distress.
- The rest of the Interdisciplinary team, the physician, the nurse, the social worker, and others, should consider themselves to be the spiritual care generalist.
- This should not freak you out. No one is asking the Spiritual Care Generalists to open up Pandora’s Box and hold a religious revival.
- It is about equipping yourself to screen for spiritual distress, to bring up values, meaning making, spirituality and/or religion. And then refer if it gets out of your lane.
Chaplains demonstrated unique benefit with each of the quadruple aims of healthcare

Patient Outcomes
• Patient turn to their religion / spirituality to make meaning in illness (Hills, 2005; Balboni, 2007)
• There is a positive relationship between spirituality and health & wellbeing (Jim, 2015)
• Spiritual Distress is prevalent, yet rarely addressed (Balboni, 2007)

Bottom Line Impact
• A Dana-Farber study demonstrated that less than adequate spiritual support resulted in higher cost of care (Balboni, 2011)
• A 2-year Duke study showed religious struggle to be a predictor of mortality in medically ill elderly patients (Pargament, 2001)
Chaplains demonstrated unique benefit with each of the quadruple aims of healthcare (cont.)

**Patient Experience (Pt- & Family-Engaged Care)**

- A Mt. Sinai study showed chaplaincy visits increase NPS scores as measured by Press Ganey and HCAHPS (Marin, 2015).
- Press Ganey research of over 2 million patients found the most unmet need is “staff addressed spiritual and emotional needs” (Williams, 2003).
- Univ of Chicago/Pritzker SOM study concluded that addressing spiritual concerns impacts patient satisfaction and increases trust in medical team (Williams, 2011).

**Employee Engagement / Joy in Practice**

- Compassion fatigue, burnout, post traumatic stress & struggles with meaning making all significant impact on employee engagement, retention and can be addressed with pro-active chaplaincy care.
- A study of 269 acute care hospitals found that chaplaincy care of employees is significantly & positively associated with hospital ratings & likelihood of recommending (McClelland, 2014).
Our beliefs shape our actions and attitudes

- Beliefs & Attitudes
  - Self & Others
  - Meaning (religion, spirituality, connectedness)

- Health Behaviors
  - Coping (+ or -)
  - Social connectedness
  - Adherence

- Health Outcomes
  - Quality of life
  - Physical health
  - Mental health
Spiritual Distress

The “negative” end of the spiritual well-being continuum, the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself.

Spiritual distress is a form of suffering that has been shown to be associated with negative health outcomes.

Spiritual Well-Being Continuum:
Spiritual Care Specialists

What they are or do:
Help anyone – whatever their faith affiliation, beliefs, values, or culture – to find meaning and comfort when dealing with the intensity of their health care journey.

Faith community leaders (clergy, imams, rabbis, priests, etc.) who have done additional training to provide spiritual support within healthcare to all people – not just people within their own faith tradition.

What they are not or do not do:
Never proselytize or seek to convert anyone.
Are not “angels of death” or only for those who are at end-of-life.
Are not solely Christians seeking to pray with everyone
Are not just about “death, prayer, and Jesus.”
What the Spiritual Care Specialist will be listening for . . .

**Sources of meaning**
- What brings them joy, energy?
- What makes them wake up in the morning or gets them out of bed?

**Resources of support/coping**
- Who do they define as their community?
- Who do they turn to for support? (everyday and/or in times of crisis)

**Life Changing Events**
- Think about compounding events - have they changed jobs, experienced a loss, and/or have any changes in their life?

**Values & Goals**
- What is guiding their decision making?
- What is important to them and/or are there specific life events they are focused on?
Some background

Authored the US Navy’s Handbook on Spiritual Care for those with PTSD & TBI

In 2008, I participated in a grant from the US Navy through my employer, HealthCare Chaplaincy Network, and authored the Spiritual Care Handbook on PTSD/TBI.

There was little strong evidence for effective approaches, so much of the content was consensus of experts interviewed during research for the production of this text.

Among the best interventions supported by evidence:

- Mantram Repetition work done by RN researcher Jill Bormann
- Connecting to spiritual community work by Joseph Shaw
- Meaning Making work by A. Hautamaki
PTSD & Moral Injury
Post Traumatic Stress Disorder

- DSM-5 articulates PTSD is a trauma & stress related disorder (as opposed to anxiety), and has four symptom clusters:
  - Re-experiencing
  - Avoidance
  - Negative cognitions and mood
  - Arousal
- Sits at the end of the continuum of Post Traumatic Stress
  - This continuum includes what most researchers call Compassion Fatigue and/or Vicarious Traumatization
  - The same symptom clusters are described in the literature for post traumatic stress with Compassion Fatigue (key point of connection between military discussions of moral injury PTSD and compassion fatigue / burnout / moral injury of clinicians)
Moral Injury – Military & Clinical Perspectives

Rita Nakashima Brock defines Moral Injury as:
• The suffering people experience when we are in high stakes situations, things go wrong, and harm results that challenges our deepest moral codes and ability to trust in others or ourselves. The harm may be something we did, something we witnessed, or something that was done to us. It results in moral emotions such as shame, guilt, self-condemnation, outrage, and sorrow.

National Center for PTSD defines Moral Injury as:
• In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations

Physician researchers Simon Talbot & Wendy Dean define Moral Injury as:
• Moral injury occurs when clinicians are repeatedly expected, in the course of providing care, to make choices that transgress their long standing, deeply held commitment to healing.
Moral Injury with Clinicians

- Distinct from Burnout, whose discussion can often lead to victim blaming
- A British Medical Association survey found that 96.4% of physicians surveyed in March & April, 2021, believed COVID-19 had exacerbated risk of moral distress
- Same survey - 78.4% said moral distress resonated with their experience at work
- Researchers Wendy Dean & Simon Talbot have been leaders in discussing moral injury with physicians specifically (broadly applicable to all clinicians)
  - Their website: Fix Moral Injury
  - Includes many resources, discussion
Moral Injury with Clinicians (cont.)

• As demonstrated in the Quadruple Aims, in healthcare, there is a potential tension between the imperatives of business versus the imperatives of healing

• Burnout may be the symptom, but in many ways moral injury may be part of the cause

• “moral injury lets us understand that we are burned out as individuals because each of us is trying, in vain, to compensate for the dysfunctional way health care is structured for everyone.” – (Dean & Talbot, 7/19)

• The way to address moral injury in clinicians is to address the system that creates & exacerbates it
  • Less like medical interventions, and more like epidemiological or public health ones
Venn Diagram of PTSD & Moral Injury

Source:
Bio-Psychosocial-Spiritual Model of Occupational Performance & Engagement

Strategies for Addressing Moral Injury with Military and Clinical Personnel
Treating Moral Injury - Military

- Accepting, non-judgmental, empathic response is important
- Hypotheses that Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE) therapy, and Cognitive Processing Therapy (CPT) – each trauma-focused PTSD treatments – may also positively impact moral injury
- Some newly introduced treatments being investigated specific to moral injury include:
  - Acceptance and Commitment Therapy (ACT)
  - Adaptive Disclosure Therapy (ADT)
  - The Impact of Killing intervention
  - Trauma Informed Guilt Reduction Therapy
  - Healing Through Forgiveness (HTF)
Treating Moral Injury – Military (cont.)

- Exploring beliefs and values that have been in tension with one’s own experiences is vital
- This is often associated with one’s meaning making – one’s spiritual or religious beliefs & values
- Meaning making, self-forgiveness, and working through feelings of guilt & shame can all be central components to exploring moral injury
- Connecting to meaningful community
- Connecting to acts of compassionate service (including intentional self-compassion)
- As a group, veterans and active duty military personnel continuing to advocate for changes in status quo that can mitigate experiences that lead to moral injury
- Addressing grief
Treating Moral Injury – Clinicians

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Moral Injury Solutions for Individuals

From: https://fixmoralinjury.org

SOLUTIONS FOR INDIVIDUALS

Moral injury results from the inability to care for patients the way you know is possible, or could be possible, with appropriate anticipation and preparation of resources. It also results from conflicts between your own needs for safety and a patient’s need for care. While organizational leadership bears the primary responsibility for addressing the circumstances which make moral injury more likely, we believe it is also useful for individuals to have things they can do to optimize their ability to cope with the situation, while leadership is addressing challenges from an organizational perspective.

Take Care of Yourself
- Maintain Your High Performance Machine
  - Eat, sleep, hydrate, move, rest.
- Remember Your Purpose
  - In the midst of crisis, a guiding purpose is grounding. There is no more vital purpose right now than taking care of those in need, and supporting those who do.
- Grieve
  - The grief of losing those close to us, or patients in our care, is obvious. But disrupted routines, social interactions, and the sense of a predictable future are losses, too. Give yourself permission to grieve, if those feelings breed through.
- Forgive Yourself
  - When resources - of staff, stuff, or space - are limited, you may not be able to provide optimum care for every patient. Do whatever you can with the resources you have.

Take Care of Each Other
- Battle Buddies
  - Find an individual or a group you trust, and support each other.
- Push Back
  - Beware of managing for public relations. There is no time to make decisions based on what looks good. Safety, science, and nuance should be the only drivers.
- Respite/Rotation
  - Work with your team to get breaks - time outs, days on different/less intense assignments, etc.
- Check-ins
  - Checking-in is important, even from a distance. Quick check-ins with friends, family, and colleagues can offer support and reduce isolation.
- Make Change
  - Identify opportunities to address challenges. Work with colleagues across the frontlines and senior leadership to bring change.

Escape in Place
- Practice Gratitude
  - Notice, post, or write down one thing you are grateful for every day. Noticing and sharing are both helpful.
- Create - Get Out of Your “Left Brain”
  - Take photos, draw/paint/sculpt, cook, other (low risk).
- Distract
  - Concentration May Not Be Optional. That's OK.
  - Play games (video games, cards, board games), watch movies, read fiction/poetry/soapop.
Moral Injury Solutions for Organizations

From: https://fixmoralinjury.org
Spiritual Care with Moral Injury
Spiritual Care With Moral Injury - Military

Spiritual / Religious Treatments:
- Building Spiritual Strength (BSS)
- Spiritually Integrated Cognitive Processing Therapy (SICPT)
- Religiously Integrated Cognitive Behavioral Therapy (RCBT)

Spiritual Care Interventions:
- Pastoral Narrative Disclosure
- Moral Injury Reconciliation Therapy (MIRT)
- Moral Injury Group (MIG)
- Structured Pastoral Care (SPC)
Spiritual Care with Moral Injury - Clinician

- Encouraging clinicians to allow for their own humanity & be off stage
- Education regarding moral injury
- Exploring what system factors contribute to MI
- Exploring values & beliefs that have been compromised to create MI
- Assessing spiritual & religious strengths, resources, and distress
- Meaning making
- Rituals of self-forgiveness, cleansing, releasing, renewal
- Mantram Repetition (Jill Bormann’s research)
- Meditation
- Reframing experience – often using spiritual & religious imagery, narrative, sacred texts
- Gratitude exploration