When the Compass Breaks: Recognizing and Addressing Moral Injury in Substance Abuse Treatment

PCB Conference

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What to expect from this presentation

Welcome! This presentation explores moral injury, its relationship to substance abuse, and how Acceptance Commitment Therapy (ACT)-based techniques can be utilized to help clients move beyond treatment barriers associated with morally injurious experiences, such as guilt, shame, and anger.

Learning Objectives

- Identifying three causes and signs of moral injury and the demographics of those at higher risk of morally injurious experiences.

- Three ways that moral injury and substance abuse can be related (i.e., how one may play a role in the development of the other).

- Practice with a minimum of three effective Acceptance Commitment Therapy-based strategies counselors/therapists can utilize when treating *moral injury* and substance abuse together.
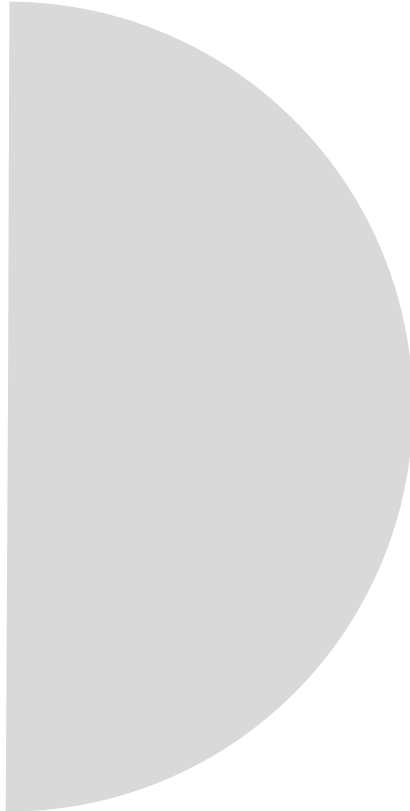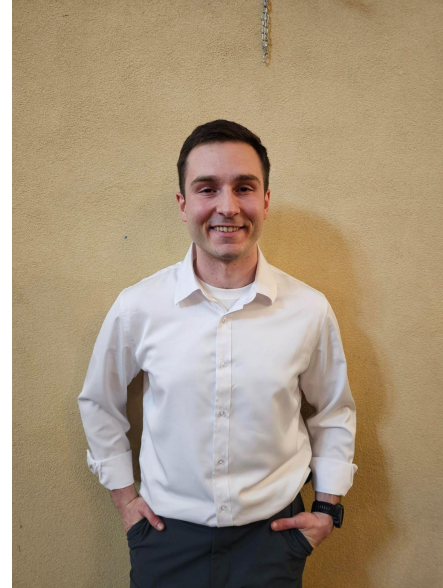
About the presenters...

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Content warning:
The content within this training can be sensitive to individuals who have experienced significant trauma.

Moral Injury

A growing problem

The Construct

- Moral Injury (MI) is a condition that's been in our collective consciousness since the ancient Greeks (Shay, 1994).
  - The story of Achilles
- MI is a condition that occurs when an individual commits an action, fails to prevent an action, witnesses an action, or learns of a significant action that violates an individual's moral belief system (Norman, 2022; Litz et al., 2009).
  - This condition has come into the research spotlight over the last two decades, but began to enter into general research after the US's Vietnam War.
- MI symptoms appear similar to those of PTSD, but remain slightly distinct. In fact, MI can be a condition in conjunction with PTSD (Held, 2017).

Moral Pain

- Moral pain is a relatively common human emotion. It's that uncomfortable feeling you may have when you see something that goes against your beliefs.
- Perhaps you feel this when watching the news, not giving money to someone struggling with homelessness, or using the proverbial "do as I say not as I do," on a child.
- Moral pain is often short lived, and is much easier to manage for the everyday person.
- Often these moral boundary violations leave our consciousness rather quickly (Fung & Nelson, 2025)

Moral Distress

- Moral distress is the prolonged form of moral pain. Distress occurs when continuous potentially morally injurious events occur (Koenig & Faten, 2021).
- Consider Moral pain and moral distress like Type 1 and Type 2 trauma's. Type 1, moral pain, is typically a single instance and may be easier to move through. Meanwhile moral distress is quite the opposite.
- Moral Distress also arises when we encounter situations we have involvement in, but less control over (Morley et al., 2019)Consider a several car pile up, if you're in the middle, what more could you do?
- Moral distress, is the precursor to the development of a moral injury.

Development of Moral Injury

Relief

Activating
Event

Moral
Pain

Intervention

Moral
Distress

Moral Injury
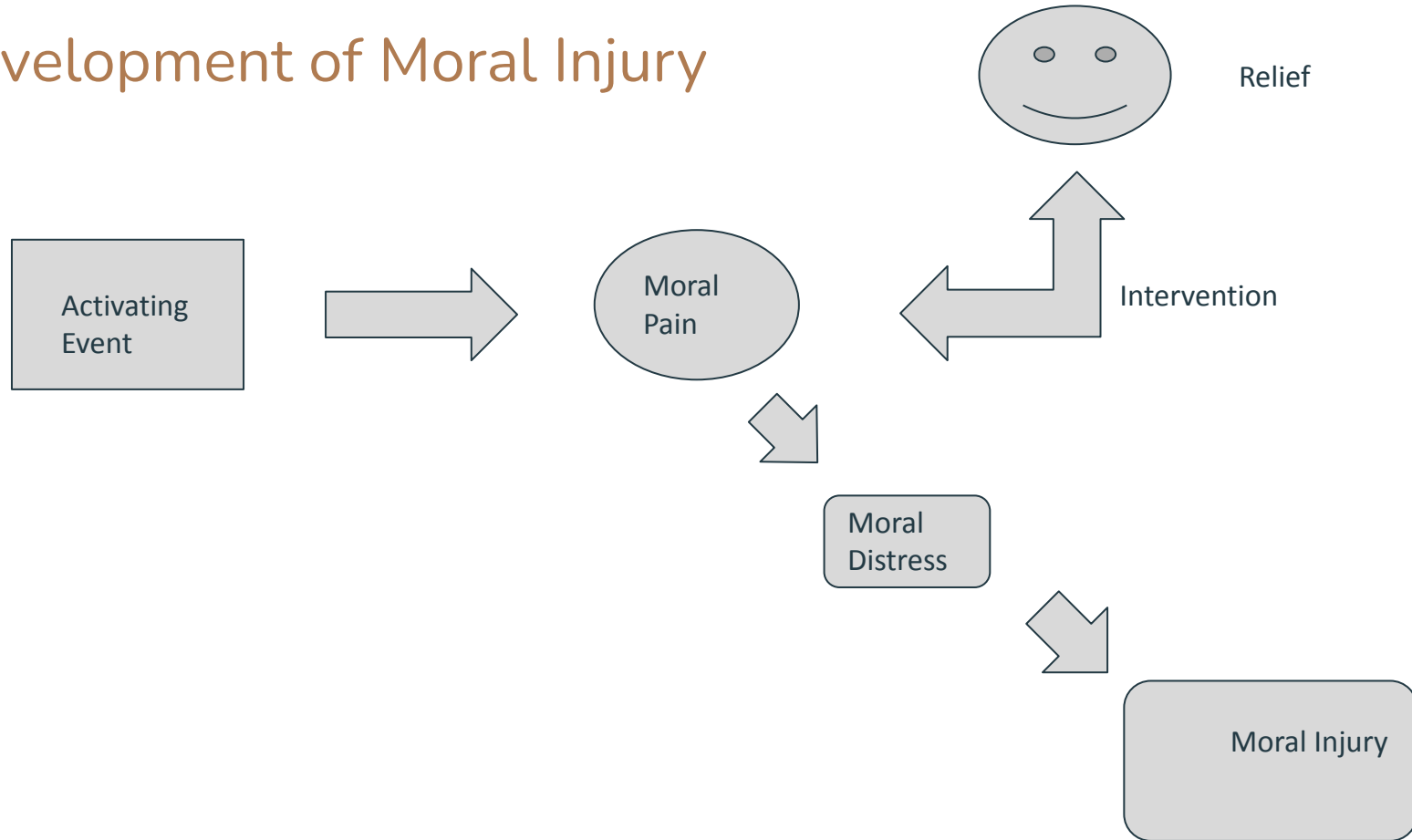
Symptomatology

Common symptoms of MI include:

- Intense guilt, shame, and profound moral conflict
- Struggle with self-forgiveness
- Intrusive thoughts about actions
- Emotional numbness
- Loss of trust in oneself or others
- Anger and betrayal
- Feelings of worthlessness, helplessness, and powerlessness
- Loss of identity and role
- Self-isolation
- Reduced empathy
- Negative beliefs about oneself
- Loss of religiosity

(Currier et al., 2017; Davies et al., 2019; Koenig & Faten, 2018; Shay et al., 2014)
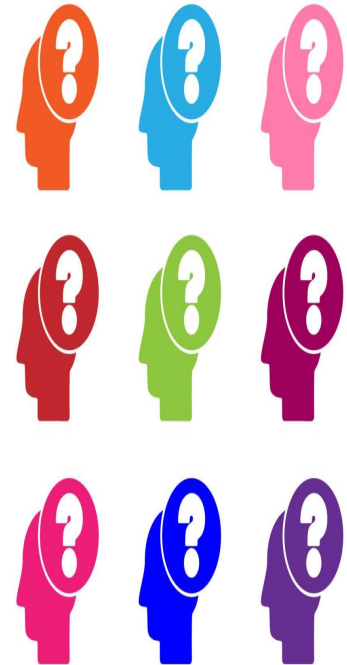
Differentiating with PTSD

- The key difference between moral injury and PTSD is in their acquisition and specific symptom strength.
- For someone to develop a moral injury, typically a loss of trust or faith occurs.
- While the most common way someone develops PTSD, is through the loss of their personal safety.
- It's just as important to note that MI is not an official diagnosis, and is a condition that is growing in its support for becoming a diagnosis. At the present time, MI is closer to being a specifier for PTSD (Currier et al., 2017).
- Consider the following:
  - Betrayal vs. transgression / fear vs. responsibility / safety vs. trust
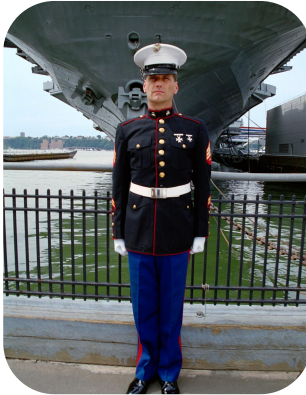
Affected Populations

First Responders

Medical Professionals

Veterans

Social Workers

People who struggle with addictions

What you may hear:

You are a firefighter. A call comes at 1AM, a vehicle wreck in a neighboring town. You rouse from your sleep and rush to the firehouse. Getting to the scene, your company is a "Recovery Company" and your job tonight is to rescue victims. A four car pile-up with a tanker truck has occurred on the highway. You start with standard protocol, first and worst victims. Heading to this site you are able to rescue a family. Your team originally thought that the tanker truck hadn't been struck hard enough to rupture the tank. They were wrong.

You are a nurse working during the pandemic. You're short staffed because half the nurses refused to get vaccinated, and one other nurse has gotten covid themselves. You are in a full ER, and trying to make decisions on who to treat first. There's a limited number of supplies, and you and the attending physician have to decide who needs them the most. You know some folks will not make it without this care, but still must make a decision.

You are a soldier, stationed in IRAQ during the early war. You're in an infantry platoon, and your job is to clear houses block to block. During your search, your team (Alpha team) and your sister team (Bravo), breach at the same time. After clearing your residence, and securing combatants you assess the two locations. In assessing Bravo teams breach, you see what appear to be a mother and her children have been killed. There doesn't appear to be any weapons with them either. You don't tell anyone, and continue on as your platoon leader demands you move to the next house.

Prevalence

- Given the newness of our understanding of Moral Injury, it's true prevalence in general population is largely unknown. However, we have successfully been able to branch into SUD, veterans, and healthcare workers.
- In MI studies with military veterans, 90% of the study's sample population had at least one symptom, with nearly 60% of the sample reported 5 or more (Koenig & Faten, 2021).
  - Important also to note, is that about 11% of veterans entering treatment at the VA for the first time have a SUD (Miller, 2024).
- In a larger study, including veterans, healthcare workers, and first responders (n=1232), prevalence rates were 6.5%, 7.3%, and 4.1% respectively.
- Prevalence in the SUD population is overall hard to pinpoint as well, given the newness of MI exploration. However, SUD in combination with the specified populations above is overall high/common place. Individuals struggling with SUD, given recent research, appears to have a connection between different aspects of MI and an individual's DOC (Schew et al., 2024).
- Nurses are estimated to have the same SUD prevalence as the general population, 10%! (Bettinardi-Angres, Pickett, & Patrick, 2012)
- About 30% of first responders have struggled with a substance use disorder at some point in their lives (Gilman, 2022).

Stigma, trauma, and recurring morally injurious events

- Consider the impact of living through trauma has on an individual socially. Stigma in many circles runs rampant, especially among those who have more severe symptoms (Lillimoe & Geevarghese, 2021).
- Individuals in different workplaces tend to get negative social attention when they are struggling with greater trauma/moral symptoms (Sugrue, 2019; Williamson et al, 2021)
  - Consider a soldier, whose hands shake due to the a traumatic last battle. Or a nurse, who is struggling with her anger after having to choose between caring for her immunocompromised children or elderly parents.
- Now, consider someone struggling with an addiction and their social pressure of simply being someone with a substance use concern.
  - This negative social pressure can further influence clients through "self-fulling prophecies" or simply continued criminality.
  - Think of someone who struggles with opiates. More likely than not they've lost someone to the opioid epidemic, and continue to use. Some may have even sold drugs to a friend who did not survive the encounter.
- As trauma continues to rise, symptoms rise, and with hyper stressed clients - we begin to see more distressing behavior.

Cultural Competency and Existential roots

- When treating MI, it is imperative to do a thorough and robust case conceptualization.
- When considering one's belief system, we must consider the setting in which those moral beliefs exist.
- Consider utilizing an eco map, Bronfenbrenner's systems model, or a cultural genogram to assist in mapping this large structure.
- Ask questions that are outside the scope of your own research.
  - It can be very exhausting for clients to recount their cultural worldview, learn on your own when you can.
- An individual's moral belief system is a system developed within a regional, cultural, familial, and individual basis, and is something that often changes over time. Consider macro, meso, and micro level cultures.

Screening tools

- MI has a diverse, and often population specific. However, some are good for practical use.
- Most are relatively short, and easy to administer.
  - Moral Injury Events Scale (MIES) Utilized for specifically veterans, war related (9 items)
  - Moral Injury Questionnaire - Military version (MIQ-M) Utilized for specifically veterans (20 items)
  - Expression of Moral Injury Scale (EMIS) - Veteran specific (17 items)
  - Moral Injury and Distress Scale (MIDS) - Less population specific (18 items, with additional open ended questions)
  - Trauma Related Guilt Inventory (TRGI) - Can be used as an assisting screening tool (32 items, 6 scales)
  - Trauma Related Shame Inventory (TRSI-24) - Similarly can assist in screening (24 items)

Sample tool: MIDS

Because of what I did, failed to do, or witnessed that went against my morals and values…	Not at all	A little	Moderately	Quite a bit	Extremely
1. I think about how I should have been able to do more.					
2. I have withdrawn from others more often.					
3. I feel guilty.					
4. I doubt my own judgement.					
5. I do not feel like I deserve to be happy.					
6. I self-sabotage things in my life more often (relationships, things at work).					
7. I feel helpless.					
8. My life feels like it has less purpose.					
9. I am worried that bad things will happen to me or my loved ones.					
10. I have punished myself.					
11. I feel disgusted.					
12. I do not seek support because I feel like I do not deserve it.					
13. I do not seek support because I worry others would not understand.					
14. I feel betrayed by leaders or institutions.					
15. I feel powerless.					
16. I should not be forgiven.					
17. My spirituality/faith is no longer a source of comfort.					
18. I do not take good care of myself.					

Protective Factors

- Overall protective factors generally change per what population you may be working with.
- For many folks struggling with MI, various group treatments and social support appear a highly effective method for not only staving off moral distress, but working through it in future settings.
- Veterans, similar to first responders and individuals who struggle with addictions tend to fair much better with group settings.
- Nurses, educators, and social workers tend to have lower rates of MI when properly supported by their administrations and having greater access to resources to better complete their work.
- For many, a spiritual or faith based connection has also proven an overall protective factor for all populations.

Treatment methods

- Treatment for MI is often very similar to PTSD.
  - Prolonged exposure, TF-CBT, existential therapy. (Koenig & Faten, 2021)
- Newer more population specific methods have been utilized, should you encounter them, consider additional training.
  - Adaptive disclosure - therapy type, Impact of killing in war - group
- MBSR has taken stage as a possible, positive method for managing MI. Being in tune and connecting mind and body appears to have similar effects as it does with PTSD.
- ACT has also been shown to make positive change in individuals struggling with MI (Borges, 2019)

MI Advocacy

- Given the newness of our understanding of Moral Injury, it's true prevalence in general population is largely unknown.
- Should you want a desire to treat MI specifically, consider getting formal training from the Moral Injury Institute, general training from online accredited trainers, or consider regular trauma certification.
- If research is more interesting, Moral Injury can and should be studied in all populations due to significant gaps in our overall understanding of how it affects the average person and in people in recovery (Koenig, 2021; Schew et al., 2024).

Vignette

You're someone struggling with an addiction to methamphetamine. Over the course of your use, you've lost your home, most of your familial relationships, and your job. You've been struggling to utilize local shelter services, as they have a strict sobriety policy. One day you're told to pack your things, and be gone by the following morning. You scramble to collect your things and find a new place to go. You make a few calls with what remaining battery you have left on your phone. Your grandmother, someone who has not totally shut you out, agrees to put you up for a few days. Upon arrival, the first few days go well. You sleep a lot, given your feeling some of the after effects of using several days prior. Eventually the urge begins to feel unbearable, and you develop a plan to use. There's one problem, you don't have any means of acquiring the drugs. The thought enters your head, take some of the old antiques your grandmother has and pawn them for cash. Following through on your plan, you are able to use, but are left with an additional feeling. An intense guilt, as not only was this the first time you'd ever stolen, who you stole from also weighs heavily on you.

Moral Injury and Substance Use:

Effective strategies for counselors

Recap:

MI is a condition that occurs when an individual commits an action, fails to prevent an action, witnesses an action, or learns of a significant action that violates an individual's moral belief system.

Morally injurious event(s) → substance use as a means of coping → problem behaviors → losses (job, housing, freedom, relationships, values, meaning, purpose, etc.) → more moral injury

OR

Substance abuse is the original cause of moral injury

Suffering is unavoidable, and eliminating pain does not eliminate suffering.

(Hayes, et al., 2016)

Acceptance and Commitment Therapy
Or

ACT

What is ACT?

Developed by Steven Hayes in the 1980s

Stems from traditional behavior therapy and cognitive behavior therapy

Focuses on:

- Mindfulness

- Altering cognitions

- Strengthening adaptability/psychological flexibility

- Reducing negative behaviors related to undesirable thoughts and feelings

- Incorporating personal values

- Action

Uses paradox, metaphors, stories, exercises, behavioral tasks, and experiential processes as therapeutic tools

(Hayes et al., 2016)
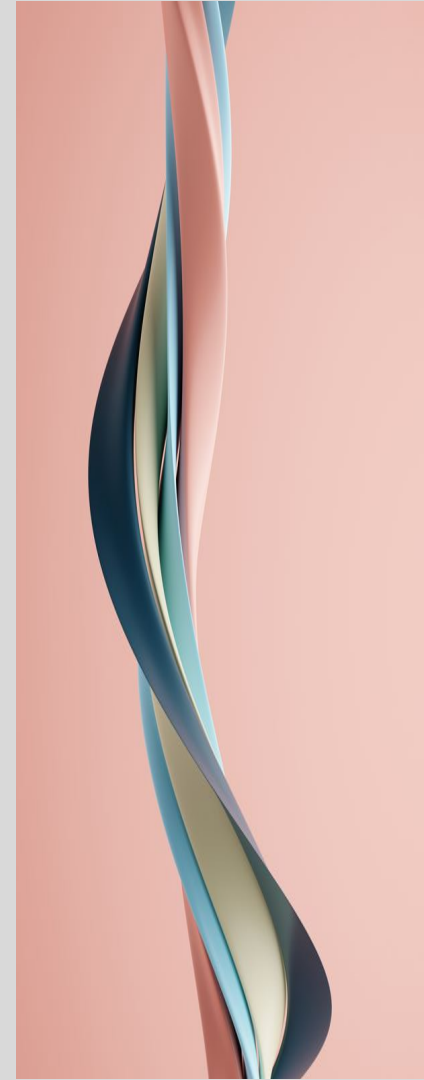
What does the research say?

- ACT has been found effective in reducing shame and substance use, both of which are commonly reported experiences by individuals struggling as a result of moral injury (Nieuwsma et al., 2015).

- ACT has been found to produce overall higher abstinence rates than CBT-based interventions, particularly with younger individual (Krotter et al., 2024)

- ACT has been found effective in reducing use among individuals with single and multiple substance use disorders (Osaji et al., 2020).

*Research focused specifically on the effectiveness of ACT as an intervention for moral injury is scant!

The process of suffering:

Cognitive Fusion:
- awareness of suffering, not of viable options for change
- suffering is "wrong"
- suffering is a problem that can be fixed

Experiential Avoidance:
- "I will not stop having panic attacks unless I stop feeling anxious."
- "Anxious is not the "right" way to feel."
- "I must drink to manage being in social settings."

(Hayes et al., 2016)

"*Our most important life choices come to be based on how not to evoke distressing personal content rather than moving toward what we most deeply value*" (Hayes et al., 2016, p. 23)

"We as a culture seem to be dedicated to the idea that "negative" human emotions need to be fixed, managed, or changed — not experienced as part of a whole life. We are treating our own lives as problems to be solved, as if we can sort through our experiences for the ones we like.

In the modern world, the struggles we face are often not logical, they are psychological. As a culture we are not handling them well. Instead of a discrepancy-based mode of mind we need to develop a modern integrated style of consciousness that can take us out of our minds and into our lives. Acceptance, mindfulness, and values are key psychological tools needed for that transformative shift. We are treating our own lives as problems to be solved, as if we can sort through our experiences for the ones we like and throw out the rest." *(Hayes, 2009, no page number).*

Relational Frame Theory (RFT)

Fact or opinion?

- A dime is smaller than a nickel
- A dime is worth twice as much as a nickel
- A dime is worthless if what I want costs $1

RFT's Rule-following types:

Pliance:

- an act is "right in the eyes of others" (Hayes et al., 2016), but not owned by the actor (abstaining from drug use because it is considered socially unacceptable- "I want to be liked")

Tracking:

- an act is the result of the predicted impact of a consequence (abstaining from drug use because of random drug testing at work- "I want to keep my job")

Augmenting:

- an act is the result of the predicted impact of consequences and of one's values (abstaining from drug use because of random drug testing at work AND because using drugs is misaligned with personal values- I want to keep my job and be a trustworthy person)

(Hayes et al., 2016)
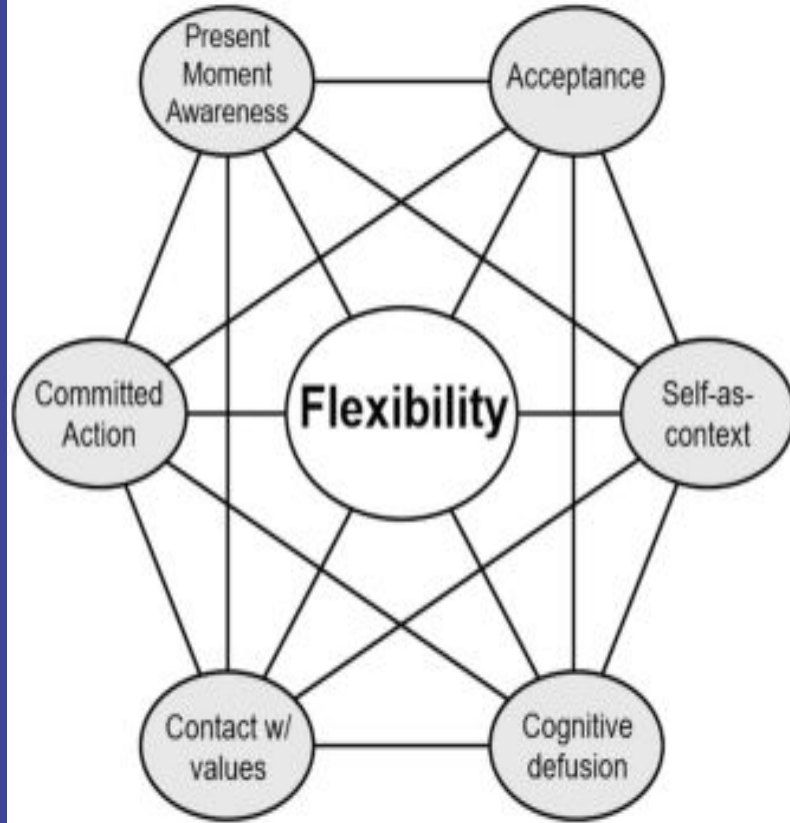
# FLEXIBLE VS RIGID THINKING

FLEXIBLE

- KEEPING AN OPEN MIND
- OPEN TO NEW IDEAS & PERSPECTIVES
- ADAPTABLE
- OPEN TO LEARNING, EXPLORING, EXPANDING
- TRIES NEW EXPERIENCES
- MORE ABLE TO DEAL W/ UNEXPECTED STRESSORS
- ADJUSTS TO DIFFERENT CIRCIMSTANCES
- MINDFUL OF OWN ACTIONS & BEHAVIORS

RIGID

- FIXED IDEAS, PREFERENCES, HABITS
- UNWILLING TO TRY NEW EXPERIENCES
- STRUGGLES TO ADAPT
- DIFFICULTY COPING W/ STRESSORS & CHALLENGES
- RESISTANT TO CHANGE
- FINDS SELF OFTEN IN CONFLICT W/ OTHERS
- STRUGGLES TO FIND PEACE OR SATISFACTION IN THE MOMENT

Psychological Flexibility

- **Present Moment Awareness:**
  - the here and the now

- **Acceptance:**
  - willing, open, receptive, flexible, non-judgmental

- **Self as Context:**
  - I-here-now (we are not our thoughts)

- **Cognitive Defusion:**
  - thoughts are recognized as constructed, not reality

- **Contact with Values:**
  - chosen, not forced

- **Committed Action:**
  - "continuous redirection of behavior so as to construct larger and larger patterns of flexible and effective values-based behavior" (Hayes et al., 2016)
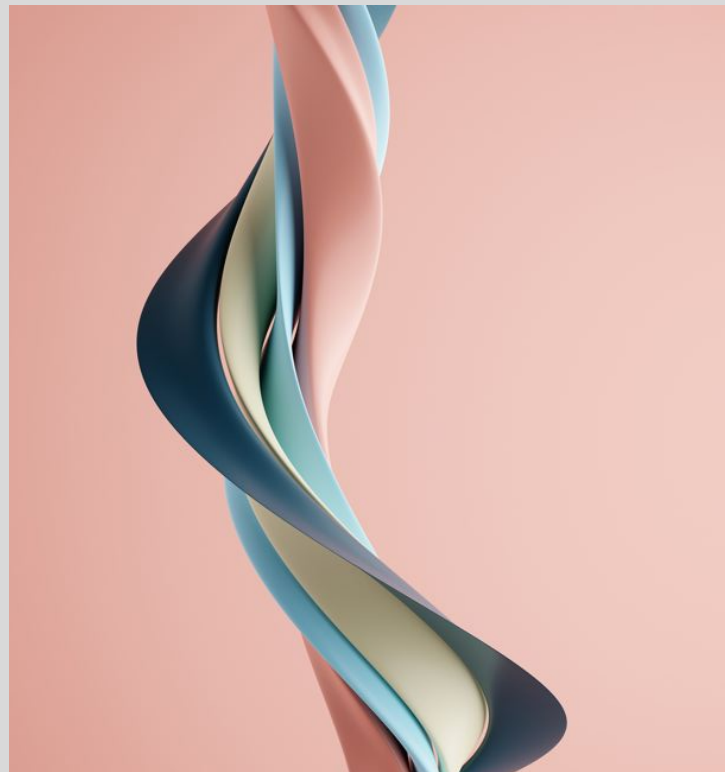
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Mindfulness

"The awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 2013, p.xxxv).

- **Acceptance:**
  - willing, open, receptive, flexible, non-judgmental

Acceptance is NOT:

- A finite process
- Giving in
- Failure
- Toleration
- A technique
- Wallowing

(Hayes et al., 2016)

Self as Context:
- I-here-now

- Mental positions are not static
- People are whole
- Experiences shape perspective
- "I" statements encourage perspective-taking

(Hayes et al., 2016)

- **Cognitive Defusion:**
  - thoughts are recognized as constructed, not reality

- You are not our thoughts
- Don't believe everything you think
- Thoughts are not "right" or "wrong"
- Nothing lasts forever
- Something exists even when I cannot see it

(Hayes et al., 2016)

- **Contact with Values:**
  - chosen, not forced

- Family of origin
- Romantic relationships
- Parenting
- Friendships/social interaction
- Career/work
- Education/professional dev.
- Spirituality/religion
- Community
- Physical Health
- Environmental contribution
- Art/aesthetics   (Hayes et al., 2016)

Committed Action:

- "Committed action is values-based action that occurs in a particular moment in time and that is deliberately linked to creating a pattern of action that serves the value" (Hayes, et al., 2016, p. 328).
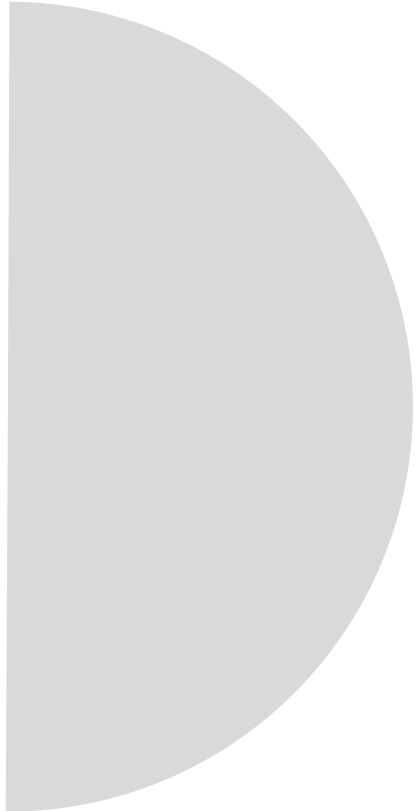
- Values-goals-choices
- The power of a values-based choice
- Owning choices
- Doing nothing is a choice
- Experiencing the journey (thoughts, feelings, emotions)
- Recognition of barriers (i.e. MY why or YOUR why?) (Hayes et al., 2016)

Let's Practice!

Using metaphors to assist with the development of new associations, fresh perspectives, and comprehension of information

Beach Ball Metaphor for Willingness:

When we try to stop our thoughts, it's like trying to keep an enormous inflatable beach ball under the water. It keeps popping up in front of our faces. We can allow the ball to float around us, just letting it be, rather than stopping the thoughts or reacting to them.

Fish in the Water for Diffusion:

Imagine you are a fish. How would you know you were wet if you had never been out of the water? What might change if you spent 1 minute out of it.

Keys Metaphor for Willingness and Commitment:

Imagine your keys represent different difficult emotions, memories, thoughts and reactions, but also open doors that might be locked to you without them. What happens if you carry them with you? What happens if you lose them?

You're someone struggling with an addiction to methamphetamine. Over the course of your use, you've lost your home, most of your familial relationships, and your job. You've been struggling to utilize local shelter services, as they have a strict sobriety policy. One day you're told to pack your things, and be gone by the following morning. You scramble to collect your things and find a new place to go. You make a few calls with what remaining battery you have left on your phone. Your grandmother, someone who has not totally shut you out, agrees to put you up for a few days. Upon arrival, the first few days go well. You sleep a lot, given your feeling some of the after effects of using several days prior. Eventually the urge begins to feel unbearable, and you develop a plan to use. There's one problem, you don't have any means of acquiring the drugs. The thought enters your head, take some of the old antiques your grandmother has and pawn them for cash. Following through on your plan, you are able to use, but are left with an additional feeling. An intense guilt, as not only was this the first time you'd ever stolen, who you stole from also weighs heavily on you.

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- "continuous redirection of behavior so as to construct larger and larger patterns of flexible and effective values-based behavior" (Hayes et al., 2016)

What metaphor(s) would you consider using when working with this individual?

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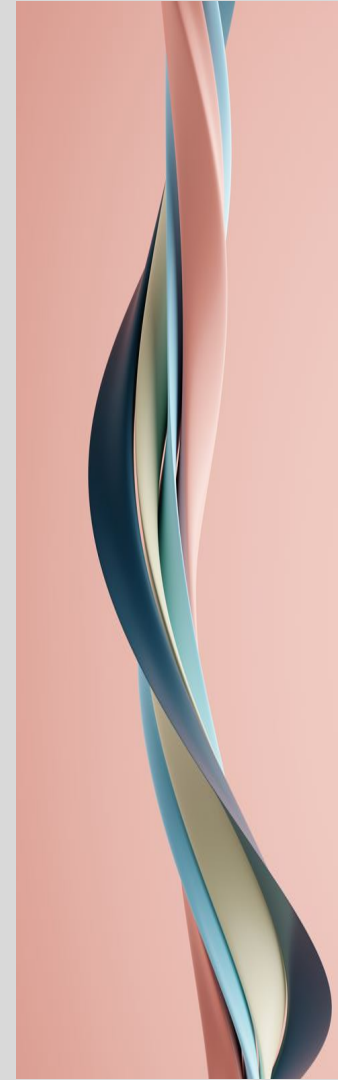
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