Training for Chaplains and Therapists

Building Spiritual Strength
Your Trainer

- J. Irene Harris, Ph.D., L.P.
- VA Maine Health Care System
- Associate Professor, U. of Minnesota
- Research in psychology of religion for over 20 years, focus on trauma for 15 years.
- Over 50 publications in the peer-reviewed research literature
Disclaimer

- I am a VHA employee, and some of the research to be presented here is based on VHA funding, but the views expressed in this presentation are not necessarily those of VHA.
Case Study: “Robert”

- Deployed 13 times over 10 years in Special Forces. Recently lost his military position due to posttraumatic stress disorder (PTSD) symptoms. Veteran underrepresented his suicide risk to enter study.

- Described losing all sense of purpose, felt that he was unable to do what God would want him to do; care for his military unit, forgive ex-wife, pursue meaningful helping career. Strong sense of self as “unforgivable.”
Robert, p. 2

- Session 2: Robert developed a new sense of a relationship with G-d as one that loves him intensely, and does not require him to be perfect to do so.

- Session 6: Robert discriminates forgiveness from reconciliation, and finds new ways to set boundaries in relationship with his ex-wife.
Robert now works as a licensed mental health provider, in a thriving private practice that focusses primarily on veterans managing PTSD.
Target Conditions:

Posttraumatic Stress Disorder

Moral Injury/Spiritual Distress
Learning Objectives

At the end of the activity, participants will be able to:

1. Describe basic symptoms and types of PTSD.

2. Define the symptoms of moral injury.

3. Discriminate internalizing vs. externalizing presentations of moral injury.

4. Describe relationships between spiritual distress and trauma outcomes.
Posttraumatic Stress Disorder (PTSD)

A: Exposure to Trauma  
B. Intrusion Symptoms  
C. Persistent Avoidance*

D. Negative Thoughts and Feelings  
E. Arousal/Reactivity
Subtypes of PTSD

- Type I and Type II Trauma
- Combat Trauma
- Childhood Trauma
- Sexual Trauma
- Military Sexual Trauma/Sexual Assault/Sexual Harassment
Moral Injury/Spiritual Distress

The psychological and behavioral sequellae of experiences that challenge deeply held moral, spiritual, or values related beliefs.

The value of using alternative terms for moral injury.
Signs of Moral Injury

- Loss of previously held spiritual beliefs
- Struggle or conflict in relationship with a Higher Power
- Difficulty forgiving self, others, or a Higher Power
- Feeling that there is no meaning or purpose in life
- Reduced trust in others
- Inappropriate guilt and shame
Examples of Moral Injury

- He said he would only fill my requisition for gun turret shields if I slept with him. People in my unit will die without those.

- The crowd threw an infant in front of the convoy to stop us. I had orders not to stop.

- My c.o. could have kept this from becoming a firefight, but he didn't and 3 of my best friends died.

- I know whatever team I assigned to that position for this battle was likely to die.

- They were all calling “Medic!” but I could not get to all of them. I had to let some of them die.
Consequences of Moral Injury

- Increased risk for suicidal ideation and attempts
- Reduced mental health resilience
- Loss of social support from community of faith, family and values-based activities
Circumstances that Can Precipitate Moral Injury

- Doing something that violates one’s own moral code
- Witnessing something that violates one’s moral code, cherished values, or spiritual assumptions.
- Feeling helpless to address a harmful situation
- Betrayal by authorities or peers
Living in Multiple Moral Contexts

Civilian morals, values, expectations

Rules of engagement
# Moral Injury and Psychospiritual Development

## Fowler's Stages of Psycho-Spiritual Development

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Approximate developmental stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: Intuitive-Projective</td>
<td>Consistent with fantasy and magical thinking. Concepts are drawn from direct education and observation of parents/society.</td>
<td>Children younger than five years</td>
</tr>
<tr>
<td>Stage 2: Mythic-Literal</td>
<td>Children learn the basic aspects of their faith and put it into practice in a literal manner.</td>
<td>Five years until adolescence</td>
</tr>
<tr>
<td>Stage 3: Synthetic-Conventional</td>
<td>The individual will represent the belief system through the authorities/institutions of that faith. Cognitive processes around issues of faith are conventional and deferent to authorities.</td>
<td>Adolescence, potentially through adulthood</td>
</tr>
<tr>
<td>Stage 4: Individuative-Reflective</td>
<td>Those who move to stage 4 begin to critically evaluate previously held religious ideas, and become more willing to explore multiple spiritual perspectives, and are able to consider religious doubts without distress.</td>
<td>Often early adulthood</td>
</tr>
<tr>
<td>Stage 5: Conjunctive</td>
<td>Characterized by religious/spiritual practice that is flexible and encompasses numerous faith perspectives.</td>
<td>Middle to late adulthood</td>
</tr>
<tr>
<td>Stage 6: Universalizing</td>
<td>Rarely achieved and marked by viewing all faiths, peoples, and cultures in the context of a universal community.</td>
<td>Rare; typical age of onset unknown</td>
</tr>
</tbody>
</table>

Developmental Expectations

Stage 4 is NOT related to being theological liberal or conservative; it is an internally responsible process for spiritual reasoning.

People are generally deployed ages 18-25.

Most at those ages are functioning at Fowler 2 or 3.

Processing multiple moral contexts requires at least an approach to Fowler stage 4.

Our choices are to either grow or collapse.
Dimensions of Moral Injury

Exposure vs. Developmental Etiologic Models
- Categorical vs. continuous conceptualization of moral dilemmas
- Judging one’s young adult moral decision-making by older adult developmental standards

Internalizing vs. Externalizing Presentations
- Discriminate from antisocial functioning via temporal associations with exposure to moral injury
- Internalizers: Self-blame for terror management
- Externalizers: Other blame for terror management

Realistic Guilt vs. Sense of Guilt
- A high percentage of those presenting in our lab are using sense of guilt as a terror management strategy; “If it was my fault, I had control of the situation.”
Clinical Concerns with Internalizing vs. Externalizing Moral Injury/Spiritual Distress

- 1. Providing repeated reinforcement and reassurance for the expression of inappropriate guilt increases use of inappropriate guilt as a coping strategy; this is not effective treatment.

- 2. Instead, ask a) when did you first notice your guilt, b) what was happening at the time, c) how did you feel before the guilt started, and d) how did you feel after it started.

- 3. Externalizers fear authorities and express this through anger. If a leader tells them to do something, it takes that option away as a possibility. Use patient-centered interventions (it’s up to you if you want to do it) and paradoxical interventions (I’m not sure you are ready; you shouldn’t try unless you are very certain you are up for it).
Why Use Building Spiritual Strength or Spiritually Integrated Care?
Making PTSD Treatment Accessible

- While highly effective, evidence-based treatments for PTSD are accessed by only 11%\(^1,2\) of combat veterans, and of those, almost half drop out of treatment.\(^3-5\)

- Building Spiritual Strength is a spiritually-integrated model for treating PTSD designed to reach veterans who will not access conventional mental health services.
Addressing Spiritual Components of PTSD

- Interventions targeting spiritual distress have effects on PTSD symptoms.
- Those who lose faith in the context of trauma have more psychopathology and use more mental health services, even 30 years later.
- Increasing research links spiritual distress to
  - PTSD symptoms
  - Longer, more severe course of PTSD
  - Suicide risk in veterans managing PTSD
Previous Pilot Study

56 Veterans with PTSD randomized to BSS or a wait-list control group.

Improved PTSD symptoms, depression symptoms, and positive religious coping as compared to the wait list.

Data trend suggests BSS is more effective for minority veterans.
Second Study

- Compare building spiritual strength (BSS) to an active control condition (present centered group therapy: PCGT) for treating PTSD
- Assess effects of BSS on moral injury/spiritual distress
- Examine BSS when applied by chaplains with mental health training as therapists
Study Design

- Randomized Clinical Trial comparing BSS to Present Centered Group Therapy (PCGT)
  - Treatment nested within therapists
  - Manualized in both conditions with fidelity monitoring
  - Clinician Administered PTSD Scale (CAPS) (Pre and Post) and PTSD Checklist (PCL) (Pre, Post, Follow-up) for PTSD
  - Religious and Spiritual Struggles Scale (RSSS) for moral injury/spiritual distress

- 71 randomized to BSS, 67 randomized to PCGT
Participants

- Average age 58.33 (SD=13.00)
- 14% female
- 70% Caucasian, 8% African-American, 3% Hispanic, 1% each Asian, Native American, Multiracial, 17% Unreported
- 38 Catholic, 84 Protestant, 5 Agnostic, 13 Spiritual but not Religious, 1 Sufi, 2 Jewish, 1 Native American Spirituality, 1 Shinto (note that some participants reported multiple faith affiliations)
**Study Results: PTSD Symptoms**

### Clinician Administered PTSD Scale (CAPS)

<table>
<thead>
<tr>
<th></th>
<th>PCGT (70% Clinically Significant Difference)</th>
<th>BSS (68% Clinically Significant Difference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td><img src="image1.png" alt="Graph 1" /></td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td><img src="image2.png" alt="Graph 2" /></td>
<td></td>
</tr>
</tbody>
</table>

- \( F[1,78] = 1.44, \ p = .23, \eta^2 = .02 \)

### PTSD Checklist (PCL)

<table>
<thead>
<tr>
<th></th>
<th>PCGT (26% Clinically Significant Difference)</th>
<th>BSS (26% Clinically Significant Difference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td><img src="image3.png" alt="Graph 3" /></td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td><img src="image4.png" alt="Graph 4" /></td>
<td></td>
</tr>
<tr>
<td>Followup</td>
<td><img src="image5.png" alt="Graph 5" /></td>
<td></td>
</tr>
</tbody>
</table>

- \( t\) (condition) = 1.62, \( p = .107 \)
- \( t\) (time x condition) = -0.873, \( p = .384 \)

---


### Study Results - Spiritual Distress

#### Divine

- **t (time x condition) = -3.24, p = .001**

#### Doubt

- **t (time x condition) = -0.30, p = .764**

#### Ultimate Meaning

- **t (time x condition) = 0.23, p = .821**

#### Moral

- **t (time x condition) = -1.10, p = .276**

#### Interpersonal

- **t (time x condition) = -0.22, p = .830**

#### Demonic

- **t (time x condition) = -0.95, p = .346**
Attributes of Divine Distress Scale

Psychometrically strongest subscale of the RSSS

- Eigenvalue = 10.0 (next largest on scale is 3.0)
- 38% of the variance measured by the scale
- $\alpha = .93$

Items

- Felt as though G-d had let me down
- Felt angry at G-d
- Felt as though G-d had abandoned me
- Felt as though G-d was punishing me
- Questioned G-d’s love for me
# Correlates of Divine Distress Scale

<table>
<thead>
<tr>
<th>Correlate</th>
<th>Correlation Coefficient (r)</th>
<th>Significance Level (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>0.42</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.40</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Anger</td>
<td>0.34</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Loneliness</td>
<td>0.35</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Presence of Meaning in Life</td>
<td>-0.22</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>-0.21</td>
<td>&lt; 0.01</td>
</tr>
</tbody>
</table>
Conclusions

- No statistically significant differences between BSS and an active control condition (PCGT) in treating PTSD symptoms.
- BSS is **more effective** than PCGT in treating spiritual distress.
- To our knowledge, this is the only clinical trial of a treatment for moral injury/spiritual distress that documents reduction of spiritual distress.
- Further study of psychospiritual development is indicated.
References


Questions/Discussion?


Jeanette.harris2@va.gov

207 623 8411 x 4645
If there is extra time and you would like to see part of a BSS session...

- [https://www.youtube.com/playlist?list=PLnh2PvQFIznaxU0sPA-8W24OsHxdggqFo](https://www.youtube.com/playlist?list=PLnh2PvQFIznaxU0sPA-8W24OsHxdggqFo)