



Military Behavioral Health and Pastoral Care Providers' Attitudes and Approaches Toward Moral Injury and Moral Healing



Wyatt R. Evans, PhD¹, LTC Lataya E. Hawkins, LCSW, BCD^{2,3}, Brooke A. Fina, LCSW, BCD⁴, Katherine A. Dondanville, PsyD, ABPP⁴
for the STRONG STAR Consortium and the MIOS Consortium

¹ VA North Texas Health Care System, ² Carl R. Darnall Army Medical Center, ³ University of Texas at Austin, ⁴ UT Health Science Center San Antonio



U.S. Department of Veterans Affairs

Introduction

The recent proliferation of research into moral injury among military personnel has elucidated a need for greater understanding of the construct and for provider training in interventions capable of restoring wellbeing. However, military behavioral health providers (BHPs) and pastoral care providers report variable awareness of and attitudes toward this experience among service members and wide-ranging views on how to facilitate recovery.

Method

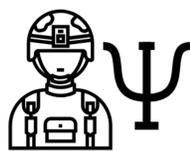


Civilian BHPs

n=4; 3 LCSWs & 1 PhD

Active Duty Chaplains

n=4



Active Duty BHPs

n=3, 2 LCSWs & 1 PhD

Active Duty, Dual Training

n=2; MFTs

Measures: Semi-structured interviews were developed as part of a larger, international effort to define and measure moral injury as an outcome. Interviews assessed experience working with soldiers with moral injury, understanding of how moral injury manifests, and beliefs about how to be alleviate moral injury.

Procedures: Interviews lasting 40-75 minutes were conducted, audio recorded, and subsequently transcribed. Qualitative review of transcripts was conducted by the full study team to develop consensus for conceptual and intervention themes. Representative quotes and were selected and summary statements were developed by full team.

Results – Theme Summary

Civilian BHPs:

- **Identifying/Distinguishing** - Little awareness of distinction between sequelae of MIEs and life threat-based traumas
- **Spiritual Consideration** - Absence of discussion of spirituality
- **Evidence-based Treatment** – Use of non-specific cognitive interventions
- **Foreclosure** – “I can only do what I do” (or nothing)
- **Procedures vs. Processes** - Highly focused on technologies/ tools rather than on overarching processes grounded in conceptualization

AD BHPs (relative to civilian BHPs):

- **Cultural Considerations** - Greater awareness of military cultural interactions with MIEs
- **Trauma-focused Treatments** – Use of evidence-based trauma-focused treatments (e.g., CPT, PE)

Military behavioral health and pastoral care providers differentially consider and respond to biological, psychological, social, and spiritual facets of moral injury.

Acknowledgments & Disclaimers

Disclaimer: The views expressed herein are solely those of the authors and do not reflect an endorsement by or the official policy of the U.S. Army, the U.S. Department of Defense, the U.S. Department of Veterans Affairs, or the U.S. Government.

Results – Theme Summary (cont.)

AD Chaplains (relative to civilian and AD BHPs):

- **Medical Model** - Rejection of medical conceptualization of moral injury
- **Diagnostic vs. Functional** – Focus to non-diagnostic manifestations of distress (e.g., spiritual suffering, social disengagement)

AD Dual (relative to civilian and AD BHPs & chaplains):

- **Holistic Conceptualization** – Broad awareness of biopsychosocial-spiritual suffering; integrative approach to intervention
- **Pain vs. Growth** – Focus on fostering growth rather than alleviating pain

BIO-PSYCHO-SOCIAL-SPIRITUAL PRIORITIZATION

Ψ	Icon: BHP with Psi	Icon: Chaplain with Psi and spiritual symbols	Icon: Dual with Psi and spiritual symbols
PSYCH	PSYCH	SPIRITUAL	PSYCH
SOCIAL	SOCIAL	SOCIAL	SOCIAL
BIO	BIO		SPIRITUAL
			BIO

Discussion

- ★ Results revealed divergent attitudes and approaches to moral injury between military and civilian providers and between chaplains and BHPs.
- ★ Uniformed providers and chaplains related more developed conceptualization and treatment planning, with dually trained providers describing the most nuanced understanding of moral injury and healing.
- ★ Training for providers—particularly those in civilian service or with a narrower scope of training—is needed for promoting holistic and evidence-based conceptualization and intervention.
- ★ Given the nuanced biopsychosocial-spiritual nature of moral injury, cross-discipline education and training may be warranted.
- ★ These interviews represent only a small, non-representative portion of DoD providers. As such, further research is needed to inform conclusions and responsive policy and/or practice changes.