



Building Professional Excellence- Part 2
Session 5: Living With What I've Done: Navigating Moral Injury with ACT and Forgiveness Exercises (Part 1)
Webinar Follow-up Question and Answer Session with Bryce Hagedorn

1. Question from Daniel Burrell

How well developed are the moral codes given much teaching about forgiveness in various denominations?

Answer from Presenter

A great question! To determine the source of the client's moral code, it is important to determine the impact of their meaning-making/belief system. This would include a review of how they make moral decisions, how this is similar to/different from how they made decisions before being in combat, and how they envision making moral decisions into the future. I think it is important that counselors be familiar with the general principles of forgiveness within the major religious systems, but even more importantly, foster a curiosity and a willingness to learn from clients as they teach us about how they view the concept of forgiveness.

2. Question from Rita Downs

Do you give the client a 'roadmap' or context of ACT when using this process, and if so, how and when?

Answer from Presenter

I believe that one potentially powerful context to introduce ACT would be in a discussion whereby the veteran/service member is sharing how "effective" their current coping mechanisms have been in blotting out the past. Whereas such coping mechanisms as abusing AODs, thrill seeking, self-destructive behaviors, violence, and staying busy may have temporarily kept their guilt/shame at bay, the fact that they're still struggling with what happened testifies to the futility of using such coping to "stop" the thoughts/feelings/memories. Introducing ACT as a way to help clients to live with, or to "live in the and" (e.g., "yes it happened, yes it was morally wrong, AND yes I can learn to live with it so that it doesn't have to define my present or future self") would likely be received well by those who can accurately assess the futility of their maladaptive coping mechanisms, particularly when those coping mechanisms have become a problem themselves.

3. Question from Stuart Hall

Are there preventative factors for Moral Injury?

Answer from Presenter

Litz et al. (2009 - see reference sheet on the presentation handouts), noted some *protective* factors for moral injury. They noted that self-esteem (to include expectations of self-worth) was important as it helped to reduce shame (or what they called global causal attributions). This might go something like this: If I feel strongly about myself going into combat, then perhaps I can feel bad about what I did (which would lead to guilt, a "good"



thing as I shared in the presentation) rather than feel bad about who I am (which would lead to shame). The authors also noted that those who have a balanced view of justice ("i.e. that transgressions have consequences and that redress and repair are possible", p. 701) tend to navigate moral injury better. Fostering ways help clients make repairs would therefore go a long way toward guilt and avoiding shame.

4. Question from Timiko Ilion

Where would you place the idea of enjoying killing during combat? I've recently encountered a couple of Veterans who once felt moral conflict in killing someone initially but later described the experience to be pleasurable. As a provider, should I normalize this experience and how would I address self-forgiveness with this idea? Is appropriate to provide psychoeducation on the functions of adrenaline, serotonin, etc?

Answer from Presenter

One way that combat impacts service members is that it can recalibrate their moral code: whereas once something was wrong, now its okay. The challenge comes with returning home and then trying to live with a changed code that no-longer holds to be true (outside of combat). I would think that validating the need to "re-work" one's code in order to survive would be helpful, while at the same time asking if that code is something that they feel can be changed back to something that they want to live with in the long run. Self-forgiveness won't be necessary until they get to the place where they realize that they want to turn around their code. And yes, providing psychoeducation is appropriate in those cases. As an aside, I'm in the middle of a book called, "Once a warrior, Always a warrior" (Hoge, 2010) and have found it to be a very empowering book for combat veterans to re-take control of their post-combat world. Among many things, the book does a good job at exploring the functions of the fight/flight/freeze responses (where the function of neurotransmitters are explained) as well as offering ways to help readers re-calibrate their lives outside the combat zone.

5. Question from Patricia Jones

I would like to know if you would use Compassion-Focused-Therapy (CFT) to treat shame?

Answer from Presenter

I haven't used CFT to address clients' shame responses but it sounds intriguing.

6. Question from Joshua Maldonado

Can you work on and treat PTSD symptoms (Nightmares, hypervigilance etc.) and Moral injury simultaneously, is it recommended or is it a client by client basis?

Answer from Presenter

The literature would support this - I would add a component of client readiness (I tend to use the Stages of Change even with addressing Moral Injury). So as you noted, it would likely be best to assess each client's readiness and willingness to engage in this work.



7. Question from Amy Ricedorf

Is moral injury specific to Veterans?

Answer from Presenter

No, moral injury can also be seen in other professions (e.g., police, firefighters). Since one of the keys elements of moral injury is that the individual engages in behaviors as a result of being directed to do so (by someone in authority), this would eliminate behaviors with strong shame components (e.g., sexual offenders).

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