



MORAL INJURY PSYCHOEDUCATION GROUP

FACILITATOR GUIDE

Introduction to Acceptance and Forgiveness

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INTRODUCTION TO ACCEPTANCE AND FORGIVENESS FACILITATOR GUIDE

This Facilitator Guide provides information and helpful hints for chaplains and mental health clinicians who lead the four-session Moral Injury Psychoeducation Group. Facilitators may wish to review the material in this guide prior to each session, and they will rely on the Program Handbook to conduct each group session.

The guide includes helpful hints, some clinical examples, potential pitfalls, and ways to appropriately involve Veterans (such as asking for volunteers to take turns reading aloud or posing simple questions for Veterans to answer).

The group may be led virtually or face-to-face, so information is provided about relevant differences in these approaches.

INTRODUCTION

The picture on the cover of this guide was drawn by a Veteran with moral injury. It reflects her view of herself and poignantly portrays how those with moral injury carry damaged self-perceptions and are surrounded with darkness of mind and spirit.

Many Veterans and clinicians are unfamiliar with the concepts at the heart of moral injury. It is not uncommon to mistake symptoms of posttraumatic stress disorder (PTSD) with those of moral injury and to wonder why symptoms are not resolving with evidence-based psychological therapies for PTSD. It is important to provide education about moral injury to both clinicians and Veterans and to offer services that specifically address Veteran-identified concerns related to guilt, blame, betrayal, and loss.

Moral injury arises when there is 1) exposure to a potentially morally injurious event (PMIE) 2) that triggers moral pain, and 3) violates the person's core values or beliefs about "what is right." Dissonance occurs, and the person experiences strong guilt, grief, anger, judgment, blame (self or other) and anxious or depressive-type symptoms (feeling unworthy, unacceptable, or unforgiveable). The event may be something the individual has learned about, witnessed, participated in, or experienced at the hands of another.

The symptoms of PTSD, and associated neurobiological pathways of the amygdala, are danger- or fear-based; and a fear-freeze-flight-fight response results from these types of events. The symptoms of moral injury, and associated neurobiological pathways of the precuneus, stem from events that trigger guilt, grief, and loss through a process of evaluative hindsight.

The authors participated in the Mental Health and Chaplaincy Dynamic Diffusion Network for 18 months (Smigelsky, Nieuwsma, Meador, Vega, Henderson, & Jackson, 2020) from 2019-2020, working with other teams of VA chaplains and mental health providers to develop services for moral injury. Moral injury therapy at South Texas Veterans Health Care

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Service has been provided since 2018 by teams of mental health clinicians and chaplains. This four-week educational program introduces Veterans to concepts related to moral injury, and a 12-week moral injury therapy program combines spiritual and psychological elements and requires a significant time commitment and involvement from staff and Veterans.

With the increasing demand for moral injury services, and the onset of COVID19, the authors developed a four-week program as a time-limited psychoeducational “stand-alone” group that could be administered either virtually or in person to provide information about moral injury

Many Veterans avoid asking for help during and after their service in the military, and they carry “secrets” and vulnerability. Military culture (e.g., training, chain of command, rules of engagement and structure) is mission focused, and, as such, may stigmatize mental health problems and discourage emotional vulnerability. Veterans fear becoming overwhelmed, judged, or stigmatized should they open up.

These group psychoeducational sessions are nonthreatening and focus on education as opposed to group process or self-revelation. *When one has not yet learned to swim, starting off in deep water is not always the best way to learn.*

The curriculum may be carried out on a virtual platform or offered face-to-face by chaplains, clinicians, church clergy specializing in pastoral care or mental health ministry with Veterans, or trained para-professionals such as NAMI volunteers or Veteran peer support specialists who have participated in the course. The program is designed to introduce core concepts related to moral injury and prepare Veterans for more intensive therapy for moral injury, if desired and available. Veterans report that, prior to this group, they did not have a “label” for what they experienced, and learning about moral injury was helpful for them, regardless of whether they pursued formal treatment.

Some Veterans might prefer to read the material on their own as a form of self-study, and this type of self-directed information-gathering is permitted. There are a number of moral injury resources available online, and Veterans often independently seek out chat groups or websites.

Both Formats: Review the group rules, including confidentiality and cell phone use, during the first group. Members should be encouraged to participate by reading material aloud throughout the sessions. Safety planning is discussed regarding use of the Crisis Line and e911 or 911. Redirect Veterans if they start to share personal stories, and let them know that outside group, chaplains and other staff are available for outreach.

Telehealth Group Format: Be familiar with the platform that will be used, the chat function, and how to mute members. The Group Handbook, Pretest and Telehealth Agreement are

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sent out a week in advance by mail or email with return envelopes. Veterans must agree to the telehealth format and guidelines prior to or at the start of the first session. Their agreement must be documented in the group note. During the first session, ask Veterans to silence their microphones until recognized to speak, to use the chat box for comments and questions, and to establish procedures for anticipated events, such as someone disconnecting abruptly during group. The Posttest and Course Evaluation are sent out with return envelopes after the last session.

In-Person Group Format: The Group Handbook and Pretest are distributed during the first group. The Posttest is administered at the end of the last group.

It is helpful to limit the group size to ten Veterans to allow for “chat” and questions. Veterans can attend the four-week group with no further commitment, and the structure ensures that those who attend the class have some understanding of PTSD and moral injury.

The educational group format has allowed South Texas Veteran Health Care Services to serve more Veterans. The material could also easily be used in Whole Health, chaplain services, or community programming.

Though not designed as a psychotherapeutic intervention, the psychoeducational material may trigger memories or strong emotions as Veterans think about the material or complete worksheets between sessions. Veterans are encouraged to engage in self-care or speak to group leaders, mental health therapists, or chaplain services as needed.

We hope you will find the material useful in your endeavors.

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FACILITATION OF PSYCHOEDUCATIONAL GROUPS

The facilitator role in a psychoeducational group is different than that of a process group therapist. We encourage facilitators to adhere to the following guidelines to help Veterans learn, sustain attendance, contain strong emotions, feel supported and validated, and experience hope.

OBJECTIVE 1: TO IMPART INFORMATION

- ▶ Be clear about the nature of the group and your role as educators. Convey information that helps Veterans understand moral injury (what they have been experiencing) and address misconceptions.
- ▶ Maintain a “teaching” format with examples and clarification.
- ▶ Didactic information provides structure, and Veterans are likely to “recognize themselves” in the information shared. Ask them to refrain from sharing personal information.
- ▶ Four sessions provide an overview of content that would be included in a longer therapy group program. This information helps the Veterans to consider whether they would want to pursue more intensive therapy in the area of moral injury.
- ▶ You can direct Veterans to Peer Support, Chaplain Services or other VA services for symptoms of PTSD, Depression, or Anxiety. Veterans can also be provided information about Wounded Warrior, Vet Centers or community programs such as National Alliance for Mental Illness (NAMI)

OBJECTIVE 2: TO LIMIT PERSONAL DISCLOSURE

- ▶ This program is designed for psychoeducation and has been informally called “moral injury light.” It provides a brief introduction to moral injury and an opportunity for Veterans to self- identify whether they have moral injury. Treatment for moral injury would take place over a time, with the opportunity to process and interact with other Veterans. If Veterans have unmet treatment needs related to trauma, you should share information about available VA services. Facilitators help Veterans limit disclosure of personal information about traumatic experiences in this group, as the sessions are too short and may result in “too much, too soon.”

FACILITATION OF PSYCHOEDUCATIONAL GROUPS

- ▶ If the group is being done virtually, encourage Veterans to submit comments or questions in the chat box, and you may address questions as they come up or at the end of each session. Monitor the chat box and respond to questions in the chat box with clarification or examples.
- ▶ Encourage Veterans to do their personal work between sessions on the worksheets provided.

OBJECTIVE 3: TO PROVIDE SUPPORT AND ENCOURAGEMENT

- ▶ Respond with empathy about Veteran struggles and the feeling of being “stuck” while simultaneously suggesting that help and change are possible.
- ▶ Reiterate that this group is not “therapy,” and redirect Veterans to mental health clinicians or chaplains for in-depth discussion of moral injury that cannot wait for participation in the full twelve-week group.

OBJECTIVE 4: TO INSTILL HOPE

- ▶ Veterans have kept silent for many years about morally injurious situations. They often conclude that what they experienced is unforgiveable. They lose meaning and hope for the future. The information about guilt, responsibility, and forgiveness helps them understand that change is possible, regardless what they experienced.
- ▶ Regardless of the format, Veterans are often relieved that there is a name for what they are experiencing.
- ▶ When Veterans start group, they typically feel alone and unique in their pain and distress. Learning about moral injury is a powerful source of relief. As they join others for group, they feel less alone in their suffering.

GROUP IMPLEMENTATION

- ▶ The group is one hour weekly and can be conducted by one facilitator, typically a mental health clinician or mental-health-trained chaplain. This group may be conducted in a face-to-face or virtual format. In both formats, members of the group may volunteer to read material aloud, as this is a nonthreatening means of participation.
- ▶ Explain the difference between psychoeducation and therapy in terms of disclosure, sharing, and interaction. Your goal is to “protect” Veterans from disclosure without adequate emotional support or follow-up.
- ▶ Remind Veterans that thinking about their military experience may stir up strong memories or emotions. Encourage them to practice self-care and to reach out through the Crisis Line 988, Press “1” in the event of any thoughts of self-harm.
- ▶ **Virtual Format**
 - It is best to advance the group through the material in the handbook. Read and discuss the material. Participants can also be asked to help read the material aloud while others mute their mics.
 - Rather than have members turn on mics for yes/no questions, a head nod, chat box response of yes or no, or “thumbs-up” response may be used or elicited when appropriate.
 - You may ask if there are any questions, and direct members to use the chat box. For questions or comments of a detailed personal nature, re-direct and offer to follow up later by phone. Group members are generally redirected to their therapist or chaplain staff.
 - Remind Veterans that the group conditions are “as if” done in a therapy office, i.e., confidentiality, dress, others in the room, smoking, etc.
- ▶ **Face to Face**
 - Veterans may participate in reading material as appropriate, and surveys/questionnaires may be passed out/completed in the first and last group.
 - For questions or comments of a detailed personal nature, re-direct and offer to follow-up later by phone. Group members are generally redirected to their therapist or chaplain staff.

MANAGING CRISIS

- ▶ Instruct Veterans about walk-in/crisis clinics at their respective facilities, refer to safety plans, participate in means reduction, and/or provide information about Veteran Crisis Line (Dial 988 PRESS 1), also how/when to call 911 or go to the nearest emergency room.
- ▶ Let Veterans know that, if they need to leave the room for a short break, restroom or water, they should come back as soon as possible.
- ▶ If group is virtual, Veterans need to agree to use the chat box; if they need to leave for a brief “emotional” re-group or to get a drink of water or use the restroom, to say they will BRB (be right back).
- ▶ If someone threatens self-harm, follow VA or agency guidelines for managing crisis via the site’s policies (nursing staff, on call, e-911, etc.)



WEEK-TO-WEEK CURRICULUM OVERVIEW

WEEK	THEME	LEARNING GOALS	TAKE HOME
1	INTRODUCTIONS	TYPES OF MORAL INJURY	BURDEN WORKSHEET
	WHAT MORAL INJURY IS	MORAL INJURY VS. PTSD	
	"THE BURDEN BAG"	CARRYING AROUND THE PAST VS. CHOOSING TO RELEASE	
2	STAGES OF CHANGE	CHANGE AS A PROCESS	QUICKSAND WORKSHEET
	"FLOATING IN QUICKSAND"	EXAMPLES FROM QUIT SMOKING OR SUBSTANCE ABUSE	
		WEIGHING RISKS AND BENEFITS OF STAYING STUCK VS. DEALING WITH MORAL INJURY	
3	RESPONSIBILITY & GUILT	RESPONSIBILITY BY TYPE OF EVENT	TIME SERVED Q'S
	"TIME SERVED"	TYPES OF RESPONSES TO GUILT	
4	ACCEPTANCE, FORGIVENESS AND RESTORATION	STOP LOOKING BACK AT THE PAST	WHAT'S NEXT?
	"THE MONSTER WITHIN"	WHAT ACCEPTANCE IS	TAPESTRY WORKSHEET
	THE SELF-WEAVING TAPESTRY	WHAT FORGIVENESS IS	
		RESTORATION: THE DARK WOVEN WITH THE LIGHT	
		OPTIONS MOVING FORWARD	

WEEK ONE FACILITATOR: INTRODUCTION TO MORAL INJURY VS. PTSD

INFORMATION

- ▶ The first group sets the stage for the four sessions.
- ▶ The weekly topics provide an overview of moral injury. They can be addressed in more detail in longer-term moral injury therapy.

HELPFUL HINTS

- ▶ Remind them it helps to attend all four groups with the goal of better understanding moral injury and what to do next.

POTENTIAL PITFALLS

- ▶ Starting to think about and remember the past is “normal” in this group. Veterans may be tempted to drop out. Let them know it is OK to “sit with it” and consider new ways to deal with it.

VETERAN INVOLVEMENT

- ▶ To start the group, after introductions, you might ask, “What do you think of when you hear the term *moral injury*?”
- ▶ Invite Veterans to help read the material about PTSD and Moral Injury. There is not time to read all the symptom comparison, so you can summarize and encourage them to read the material at home.
- ▶ When talking about sources of moral injury, allow Veterans to weigh in (brainstorm) how moral injury might develop from...
 - A training error
 - An IED explosion
 - Faulty intel
 - Being pulled off duty
 - Unfair treatment or discrimination
 - Spiritual beliefs vs. demands of combat mission

WEEK ONE FACILITATOR: INTRODUCTION TO MORAL INJURY VS. PTSD

- ▶ Introduce a Burden Bag Worksheet for Veterans to take home and complete. This lists the types of “burdens” that may result following morally injurious events. The burdens relate to the story “The Burden Bag.” In virtual or face-to-face groups, read through the list of these types of burdens. Ask for a “thumbs up” or raised hand as to which types of burdens they are still carrying, as you read each one.

Give a thumbs up, head nod or raised hand if you carry this type of burden.

- Do you think you made the wrong decision or carry regrets for “stupid mistakes?”
- Do you carry hurt over rejections or someone letting you down? This would be a time you felt abandoned or unsupported. This is difficult when the military tells you to have each other’s backs.
- After the military, did you feel depressed and pull away from family members or have increased arguments?
- The military teaches, “The buck stops here.” Do you blame yourself for something going wrong? Do you feel guilty because you let someone down?
- Do you feel responsible because there was a bad outcome, intended or unintended?
- Are you frustrated because something happened that was devious or unfair?
- Did you not have the opportunity to process or debrief the situations while in the military? Are you grieving the terrible losses of war?
- Are you carrying grudges? Do you want someone to blame for what happened?
- Are you carrying around something you think is unforgiveable?
- Are you mad or hurt because someone betrayed you or let you down?

CORE CONTENT AND ELABORATION

- ▶ Morally injurious actions violate core values and beliefs. The actions can be by self or others. Sometimes there is a bad outcome when no one did anything “wrong,” but it feels “wrong.”
- ▶ Resolving moral injury involves acceptance and forgiveness.
 - Acceptance and forgiveness move us toward honest acceptance of what we can’t change.
 - Acceptance involves making peace and coming to terms with what happened.
- ▶ Moral Injury vs. PTSD: the material presented allows Veterans to privately compare their own experiences to what they hear. It is important that Veterans understand the difference and the overlap between moral injury and PTSD.
 - Explain that some people have both PTSD and moral injury, when the experience was both traumatic (threatened life or survival-related) and potentially morally injurious.

WEEK ONE FACILITATOR: INTRODUCTION TO MORAL INJURY VS. PTSD

- Nutshell: PTSD is adrenaline-based fight or flight response; and, in PTSD, most symptoms relate to that fear response. Moral injury results from the perceived wrongness of an action, not due to fear. Not everyone who has a potentially morally injurious event develops moral injury, just as not everyone who goes through a traumatic event develops PTSD. Moral injury develops when the dilemma or dissonance is not resolved (usually because of stuck thinking, blame or attribution).
 - Explain that the nature of “doing well” in the military often butts up against one’s spiritual or personal values. Someone can “do the right thing” in terms of the mission, military rules of engagement or chain of command and later feel guilty for the harm brought by the actions.
 - While in the military, you may have to put feelings aside and push through to continue the mission. Feelings may be labeled as “weak,” and there is inadequate debriefing. You can contain emotions pretty well until later in time when you start to reminisce or reflect on what happened and lack the supports to deal with it.
 - When you are a caring, good-hearted person, your actions or someone else’s actions in the military can become a wound of the soul that does not heal.
- ▶ Clarify Sources of moral injury (betrayal vs. participant): witnessing, knowing about, engaging in (commission), not doing something (omission), or being harmed by actions (betrayal) that violate personal, spiritual, or military values/beliefs.
- ▶ Carrying Around Burdens from the Military: “The Burden Bag” story is at the end of the group and allows Veterans to consider the types of things they carry around.
- This story introduces the concept of choice in releasing or letting go of burdens from the past.
 - The story proposes that we don’t get rid of memories, but we can reduce the pain associated with them and the meaning they carry.
- ▶ To Close: next week you will be describing the process of change. Ask Veterans to think of a time they wanted to change a habit (eating, smoking, exercise, drinking, etc.)
- How long did it take?
 - What steps did they go through to make the change?

*When we get stuck in our burdens, we sometimes don’t see a way out. However, there is a way out through change. Veterans with moral injury can restore hope and find a new normal by looking at things through a new lens.

WEEK TWO FACILITATOR: THE CHANGE PROCESS AND “FLOATING IN QUICKSAND”

The theme opens the door to possible change. The material points out that Veterans are stuck in moral injury (thoughts, emotions, behaviors) that prevents movement in a new direction. It is survival without movement.

INFORMATION

Information is presented on Prochaska and DiClemente’s Transtheoretical Stages of Change Theory. This information is applied to moral injury. Also, information is presented about ways Veterans become “stuck” following moral injury.

CORE CONTENT AND ELABORATION

- ▶ The Stages of Change Model by Prochaska and DiClemente. Using this model introduces Veterans to the idea that...
 - Change takes time.
 - Change is in steps.
 - Change requires a plan.
 - Learning about something is part of the change process.
 - It is helpful to use examples such as quitting smoking, committing to exercise, or reducing alcohol use. Each person’s steps look different, but the process is the same.
 - The decisional process is clear in these areas (you can refer to the case example in the handbook as you describe the stages).
 - » Precontemplation = “not ready,”
 - » Contemplation = “recognizing a problem, weighing risks & benefits,”
 - » Preparation = “planning a change because the pros of making the change outweighs the cons,”
 - » Action = “making behavioral changes,”
 - » “Relapse” = returning to previous habits of thinking and behavior.
 - One application for moral injury might be...
 - » Precontemplation: “It WAS my fault, no change needed, I am unforgivable and need to suffer. I don’t deserve a life.”
 - » Contemplation: “There were other factors involved. Maybe I don’t deserve total blame. Maybe my buddy would want me to move on. I have suffered a long time. I’m tired of the pain.”
 - » Preparation: “I would like to get help and figure out how to forgive myself. I would like to get along better with my family. I would like to drink less and sleep better.”
 - » Action: “I want to go back to church. I set up time to talk to the chaplain/priest. I am going to talk to my battle buddies. I’m going to reach out to someone else

WEEK TWO FACILITATOR: THE CHANGE PROCESS AND “FLOATING IN QUICKSAND”

who was there.”

- You can also apply the stages of change for behaviors related to general mental health.
 - » Precontemplation is thinking it is not a problem, “My partner needs to leave me alone, accept me the way I am,” “I can do this on my own,” or “No problem, I’m fine.”
 - » During Contemplation the Veteran thinks, “My temper is worse, too many fights,” “I’ll just push this back down; it is better if I don’t talk or think about it,” or “I’ll just leave the house when I get angry, I’m not hurting anyone but myself.” Eventually it might become, “My wife is threatening divorce. Maybe it’s time to do something about it.”
 - » Might move toward Preparation when Veteran becomes aware of the “burdens” of poor sleep, heavy alcohol use for self-medication, family conflicts, mood changes.
 - » Introduce the idea that you can decide to make a change when the pros of making a change outweigh the cons, even when you still have some doubts. We like to tell Veterans that you need to be only 51% ready to change something, i.e., the teeter totter gets off balance, and the weight of it takes it in a new direction.
 - » You will move into Preparation when you have resolved ambivalence by coming down on the side toward health.
 - » Encourage Veterans to weigh the risks (health/cardio, stress, relational, mood, worry) of carrying “same old” burdens and vs. possibility of a “new normal.”
 - » Introduce concept of envisioning the future, i.e., ask Veterans to consider the life they might have if they resolved moral injury. What would it take to get there? Can they do it alone?

HELPFUL HINTS

The focus is on “choice” when deciding to change and that change is a process, i.e., it doesn’t happen all at once. Veterans can decide to change a behavior, attitude, way of thinking, mood regulation, etc., one step at a time.

POTENTIAL PITFALLS

It is important to let Veterans come up with their own conclusions about their moral injury, drinking, anger, depression, etc. Encourage them to weigh the pros and cons and consider self, family, job, sleep, etc.

VETERAN INVOLVEMENT

- To start the group, you might ask, “Anyone want to share a time they wanted to change a habit or behavior or develop a new habit or behavior?”

WEEK TWO FACILITATOR: THE CHANGE PROCESS AND “FLOATING IN QUICKSAND”

- ▶ Invite Veterans to help read the material about The Stages of Change.
- ▶ When talking about the stages, allow Veterans to give examples of what “contemplation” would look like for seeking help in the VA.
- ▶ Introduce a Quicksand Worksheet for Veterans to take home and complete. This lists the ways Veterans can become stuck following morally injurious events. The areas relate to the story “Floating in Quicksand.” In virtual or face-to-face groups, quickly read through the list of these stuck types. Ask for a head nod, raised hand, or “thumbs up” as to which types are true for them, as you read each one.

Give a head nod, raised hand, or the pro’s thumbs up if you are stuck in this way.

- You might avoid others if you fear criticism, judgment, or nosy questions.
- A person might disconnect from partner and children because they remind the Veteran of combat losses.
- The person might become depressed:
 - » Feel numb or have very strong feelings of anger, sadness, hopelessness, etc.
 - » Might stop doing things they used to enjoy.
 - » Might increase use of alcohol or drugs to push down feelings or to sleep.
 - » Might disconnect from others after betrayal, low trust
 - » Might have spiritual doubt if you are mad at God or Higher Power or wonder why the event happened
 - » Might feel guilty and have lower confidence or self-esteem.
- ▶ **Story: “Floating in Quicksand” (Pernicano, 2020)**
 - Before reading, point out that Veterans can become so stuck in moral injury that they are unable to see or find solutions to their problems. They are focused on survival and might not be very flexible in their thinking or behavior.
 - This story presents the idea that frame of mind and perception have a lot to do with staying stuck.
 - Read the story. Suggest that Veterans work on the Quicksand Worksheet at home. Read the list of areas where someone might become stuck, and ask for a thumbs up.
 - Suggest that Veterans consider the Stages of Change, i.e., are these things a problem and is there something the Veteran would like to change?
 - After potentially morally injurious events, Veterans may develop perceptions and judgments that are treated as if they are true. They become part of the Veteran’s reality. Help Veterans understand that these types of assumptions may be questioned or challenged.

WEEK THREE FACILITATOR: RESPONSIBILITY AND GUILT

INFORMATION

Introduce new ways of thinking about guilt and responsibility (percentage for why something happened).

CORE CONTENT AND ELABORATION

- ▶ Explain concepts related to responsibility and guilt. Veterans judge situations based on hindsight, and we encourage them to take a closer look at the context. The context includes intentions, whether something was predictable/planned/unplanned/preventable.
- ▶ Introduce concept of “responsibility” for one’s actions. Responsibility varies by type of participation, a person’s intentions, degree of predictability and whether there was military sanction. Involve the Veterans. Involve the Veterans in a few examples of responsibility.
- ▶ Responsibility is complicated.
 - When there are unintended outcomes, in spite of good intentions, we look for someone to blame, even for things you could not prevent. “The buck stops here.”
 - A negative outcome does not mean anyone did anything “wrong.”
 - Veterans use the word guilt when they judge they were not “good enough.” They do not forgive errors or fallibility.
 - They carry *guilt* when the word grief might be more appropriate.
- ▶ Responses to guilt can be healthy or unhealthy.
 - Healthy response to guilt is about accountability for doing something “wrong” or violating values/standards. It is healthy when you do something wrong and want to “fix a wrong,” restore trust or make amends.
 - Unhealthy response to guilt is punitive (seeks revenge/won’t forgive) It is punitive when you don’t forgive what happened, and “sentence yourself” to emotional life in prison.
- ▶ Feeling guilty does not mean you did anything wrong. Sometimes guilt is the wrong word (you did nothing wrong, it was a tragedy).
 - Guilt is misplaced when you blame yourself for something you could not control or change.
 - This type of response might be more accurately described as grief or regret.
- ▶ Check the chat box during session, and respond accordingly with clarification and encouragement. Veterans have generally not considered these concepts in this manner. They will start thinking about their own actions and the categories they fall into. The

WEEK THREE FACILITATOR: RESPONSIBILITY AND GUILT

concepts and examples may help Veterans to think more flexibly about what they have experienced or done.

- ▶ The Story: “Time Served”
- ▶ This story is about willingness – to lighten the load, to get out of the quicksand, to pursue acceptance and forgiveness. Invite Veterans to respond to the questions after “Time Served.”

HELPFUL HINTS

- ▶ Veterans feel responsible for things that were guilt worthy, and this is “healthy response to guilt” so don’t take it from them or excuse what happened. They deserve compassion.
- ▶ Veterans also feel guilty for things that happened that were unintentional or beyond their control. It helps to cognitively reframe this reaction as regret, grief, soul wounding.
- ▶ This session helps prepare for the next on forgiveness.
 - If someone is responsible, then forgiveness is possible with restitution or amends.
 - If someone is not responsible, then it is appropriate to grieve, mourn and regret what could not be prevented.
- ▶ There are situations where there is no real blame or responsibility because the intentions were good and the outcome could not be predicted or prevented (accident, equipment failure, etc.) Point out that military mentality may assign blame when no one did anything wrong (ex., it is the enemy who is responsible), usually based on chain of command.

POTENTIAL PITFALLS

Resist the urge to tell someone it is “OK” because it was his mission or his assignment. That does not validate the person’s emotional response to what happened. Moral injury can occur when no one did anything “wrong” per the military, but it still violated the Veteran’s core beliefs about what is “right.” It is OK to feel guilt at taking a child’s life; however, we don’t want the Veteran to fall into self-hate, self-judgment, or see self as a “monster.” It is OK to grieve that child’s life AND to forgive oneself for unintentionally taking a life.

WEEK THREE FACILITATOR: RESPONSIBILITY AND GUILT

VETERAN INVOLVEMENT

- ▶ Veterans can be invited to read some of the material on responsibility and guilt.
- ▶ Invite Veterans to weigh in on responsibility
 - An IED exploded under a convoy. The driver feels responsible. He took the road indicated. Intel said it was the safest. Now he thinks he took the wrong road. Is he responsible?
 - *The insurgents are responsible. Can't even know if the other road would have been safer.
 - A female E6 was working out alone at the gym after dark. On her way back to the barracks, she was sexually assaulted. "It's my fault," she said. "I knew better than to be alone after dark. I must have invited it in some way." Was she responsible?
 - *Not at all.
 - A young marine took pot shots at some civilians using training ammo he signed out against policy. A young boy on a bicycle screamed and rode away in fear. He was reported and got a Letter of Reprimand. Was he responsible for the emotional impact on the child?
 - *Yes, for signing out ammunition against policy and for unnecessarily scaring a child. It was unsanctioned and not part of their mission.
- ▶ After reading about each type of guilt, give a few examples, and ask them to label them as Punitive (P), Misplaced (M) or Healthy (H):
 - While actively deployed, a person was involved in a training accident, and a misfire happened. There were injuries. The person no longer trusts himself and refuses offer of promotion, saying he does not deserve it, although the military trusts his judgment. (P)
 - A Master Sergeant is avoiding a female E4 he drank with the previous weekend. They had sex, and the consent was questionable. Now he is afraid she will turn him in. (H)
 - While on active deployment, a person was pulled from a mission after working without sleep for over 48 hours, and the NCO ordered rest. The person who went on the mission was killed. The one who stayed back is consumed with guilt. (M)

WEEK FOUR FACILITATOR: FORGIVENESS, ACCEPTANCE AND RESTORATION

INFORMATION

- ▶ Describe concepts related to forgiveness, including what it is and what it isn't.
- ▶ Present forgiveness as choosing to move beyond pain.
- ▶ Provide the health-related benefits of forgiveness.

CORE CONTENT AND ELABORATION

- ▶ Present decisional forgiveness from a nonreligious perspective. Forgiveness involves compassion for self and others. Compassion means suffering with or suffering together and desiring to help.
- ▶ The Story: Read “The Monster Within” (Pernicano, revision 2024) as an example of acceptance and forgiveness. The wizard has guilt for releasing the monster after being told to control his skills and wants forgiveness from the village. He engages in restitution and making amends.
- ▶ Forgiveness need not be “deserved.”
- ▶ Stress that forgiveness is a choice, i.e., moving forward in life by pursuing a “new normal.”
- ▶ Summarize some health benefits of forgiveness.
- ▶ Briefly discuss “Where do you go from here?” You can relate this back to the stages of change, and ask Veterans to identify whether they are in the Contemplation, Determination or Action phase.
- ▶ Identify whether they are in the Contemplation, Determination or Action phase.
- ▶ Describe treatment or support services available and how to connect to those services. If Veterans self-identify as wanting to “sign up” for additional services, you can take names and facilitate.
- ▶ The Final Story: If time allows, finish by reading “The Self-Weaving Tapestry” (Pernicano, 2014), a story about integration and restoration. If there is not time, then describe the story and comment that life includes both dark and light moments, and together, they comprise the whole of who we are. It is OK to process the dark, then weave it in with the light.
- ▶ Describe the Tapestry exercise for the Veterans to complete at home (a list of threads and a drawing of the tapestry). This is a model of healing and seeking the whole.
- ▶ Provide the posttest and survey for Veterans to complete and submit, either in person or by mail/email.

WEEK FOUR FACILITATOR: FORGIVENESS, ACCEPTANCE AND RESTORATION

HELPFUL HINTS

- ▶ Use concepts Veterans will relate to like “no longer playing judge and jury” and releasing yourself (or someone else) from emotional prison, with “time served.” Nothing is unforgiveable, with restitution and amends.
- ▶ Sometimes it helps to refer to or show a clip from a movie that illustrates an aspect of moral injury. We have played the waterfall scene from the movie *The Mission* (1986). This is a true story about a slave trader who seeks reconciliation and restitution with the tribe he has abused for so many years. The movie exemplifies giving and receiving forgiveness that is undeserved. This kind of forgiveness changes the lives of both the givers and the receivers.
- ▶ It can help to introduce Veterans to the concept of Japanese Kintsugi pottery, sometimes called the golden mend. This involves putting broken pieces of pottery back together with gold powder resin. The restored object is beautiful. We are all broken; we can heal and do not have to hide our cracks.

POTENTIAL PITFALLS

- ▶ A Veteran in a recent group said that people need to “rot in prison” when they do certain things and receive no compassion. This is an example of punitive guilt or punitive blame. It is OK to acknowledge bitter feelings, then redirect conversation to the decision to forgive, to let go, to no longer be judge and jury, or to turn it over. This type of bitterness is like swallowing poison and waiting for the other person to die (St. Augustine).
- ▶ Do not go to religious practices – keep the focus on choosing to release burdens.

VETERAN INVOLVEMENT

- ▶ To begin the group, ask the group members, “What do you think of when you hear the word *forgiveness*?”
- ▶ After reading “The Monster Within,” ask Veterans how this story is one of acceptance and forgiveness.
- ▶ Invite Veterans to share the reading of the material about what forgiveness is and what it isn’t.
- ▶ After reading “The Self-Weaving Tapestry” story, ask each Veteran to give one example of a bright thread (joy) and a dark thread (loss).

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MORAL INJURY PSYCHOEDUCATION PRETEST

Name/Last Four SS#: _____ Date: _____

Moral injury means you are an immoral person	True	False	I don't know
If you have moral injury, you also have Posttraumatic Stress disorder	True	False	I don't know
If you feel guilty, it means you probably did something wrong	True	False	I don't know
Practicing forgiveness can help you resolve moral injury	True	False	I don't know
The culture and expectations of the military may contribute to moral injury	True	False	I don't know
Talking about trauma and moral injury makes it worse	True	False	I don't know
Thinking about change is part of the change process	True	False	I don't know
If there is a bad outcome, someone is always to blame	True	False	I don't know
You deserve to suffer if you do something wrong	True	False	I don't know
You have to be religious to get over moral injury	True	False	I don't know

MORAL INJURY PSYCHOEDUCATION POSTTEST

Name/Last Four SS#: _____ Date: _____

Moral injury means you are an immoral person	True	False	I don't know
If you have moral injury, you also have posttraumatic stress disorder	True	False	I don't know
If you feel guilty, it means you probably did something wrong	True	False	I don't know
Practicing forgiveness can help you resolve moral injury	True	False	I don't know
The culture and expectations of the military may contribute to moral injury	True	False	I don't know
Talking about trauma and moral injury makes it worse	True	False	I don't know
Thinking about change is part of the change process	True	False	I don't know
If there is a bad outcome, someone is always to blame	True	False	I don't know
You deserve to suffer if you do something wrong	True	False	I don't know
You have to be religious to get over moral injury	True	False	I don't know

MORAL INJURY PSYCHOEDUCATION GROUP SURVEY

Date: _____ **Number of Groups Attended (out of 4):** _____

Your feedback will be helpful to us and is kept anonymous. Circle the best answer for each statement below.

1) I understand how moral injury is different from posttraumatic stress

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

2) I understand the kinds of situations that can result in moral injury

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

3) I understand how guilt, responsibility and forgiveness relate to moral injury

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

4) I feel less alone with my moral injury

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

5) The topics and information in the group applied to me

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

6) The group introduced ideas and concepts I want to learn more about

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

7) I would recommend this group to other Veterans

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

8) I know how to get additional information/support for moral injury

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

9) I know how to access mental health care

Not at all	A Little	Somewhat	Quite a Bit	A Great Deal	
1	2	3	4	5	NA

Other Comments: