

Holistic and Spiritually Integrated Approaches to the Prevention of Suicide and Treatment of Moral Injury in Veterans with PTSD

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Disclaimer

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Project 22

- 22 Veterans committed suicide each day of 2013
- Movie about and by Veterans raising awareness for high numbers of suicides in PTSD sufferers (Egbert & King, 2015)



Physicians Experience Highest Suicide Rate of Any Profession

- Deepika Tanwar, MD presented study findings at American Psychiatric Association (APA) May 2018 Annual Meeting:
- Male physicians at 40% higher suicide risk than US males
- Female physicians at 130% higher suicide risk than US females
- 2018 Estimated Suicide rates:
 - *Physicians = **28-40/100,000** (1per day)
 - *Veterans = 30/100, 000 (20 per day)

(* 22 million veterans/323 million US population = 7%
<1 million physicians/323 million US population = 0.3%)

JAMA Psychiatry | Original Investigation

Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals

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IMPORTANCE The increase in deaths related to drugs, alcohol, and suicide (referred to as *deaths from despair*) has been identified as a public health crisis. The antecedents associated with these deaths have, however, seldom been investigated empirically.

OBJECTIVE To prospectively examine the association between religious service attendance and deaths from despair.

DESIGN, SETTING, AND PARTICIPANTS This population-based cohort study used data extracted from self-reported questionnaires and medical records of 66 492 female registered nurses who participated in the Nurses' Health Study II (NHSII) from 2001 through 2017 and 43 141 male health care professionals (eg, dentist, pharmacist, optometrist, osteopath, podiatrist, and veterinarian) who participated in the Health Professionals Follow-up Study (HPFS) from 1988 through 2014. Data on causes of death were obtained from death certificates and medical records. Data analysis was conducted from September 2, 2018, to July 14, 2019.

EXPOSURE Religious service attendance was self-reported at study baseline in response to the question, "How often do you go to religious meetings or services?"

MAIN RESULTS AND MEASURES Deaths from despair, defined specifically as deaths from suicide, unintentional poisoning by alcohol or drug overdose, and chronic liver diseases and cirrhosis. Cox proportional hazards regression models were used to estimate the hazard ratio (HR) of deaths from despair by religious service attendance at study baseline, with adjustment for baseline sociodemographic characteristics, lifestyle factors, psychological distress, medical history, and other aspects of social integration.

RESULTS Among the 66 492 female participants in NHSII (mean [SD] age, 46.33 [4.66] years), 75 incident deaths from despair were identified (during 1 039 465 person-years of follow-up). Among the 43 141 male participants in HPFS (mean [SD] age, 55.12 [9.53] years), there were 306 incident deaths from despair (during 973 736 person-years of follow-up). In the fully adjusted models, compared with those who never attended religious services, participants who attended services at least once per week had a 68% lower hazard (HR, 0.32; 95% CI, 0.16-0.62) of death from despair in NHSII and a 33% lower hazard (HR, 0.67; 95% CI, 0.48-0.94) of death from despair in HPFS.

CONCLUSIONS AND RELEVANCE The findings suggest that religious service attendance is associated with a lower risk of death from despair among health care professionals. These results may be important in understanding trends in deaths from despair in the general population.

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Author Audio Interview

Supplemental content

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Military Times**Suicide surpassed war as the military's leading cause of death**

Greg Zoroya

November 3, 2014

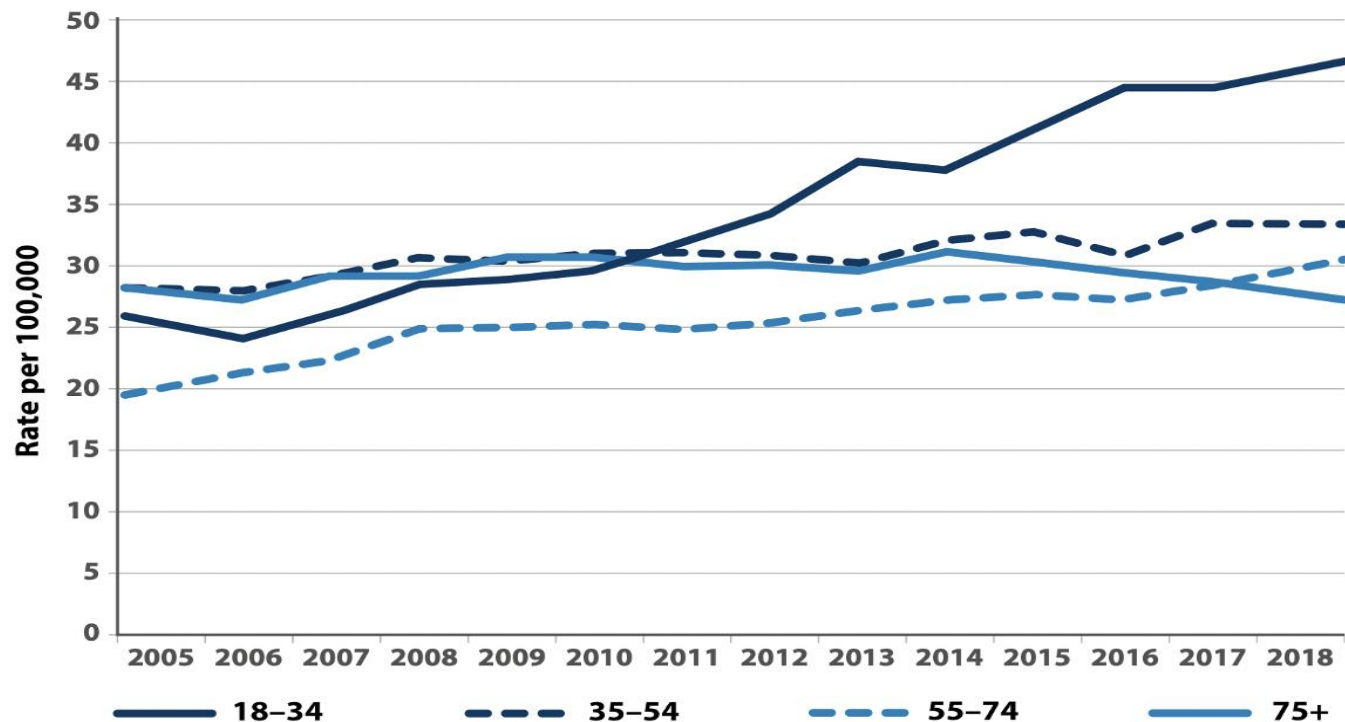




Rates of Veteran Suicide

VETERAN SUICIDE PREVENTION ANNUAL REPORT | NOVEMBER 2020

Graph 5. Veteran Suicide Rates, by Age Group and Year, 2005–2018

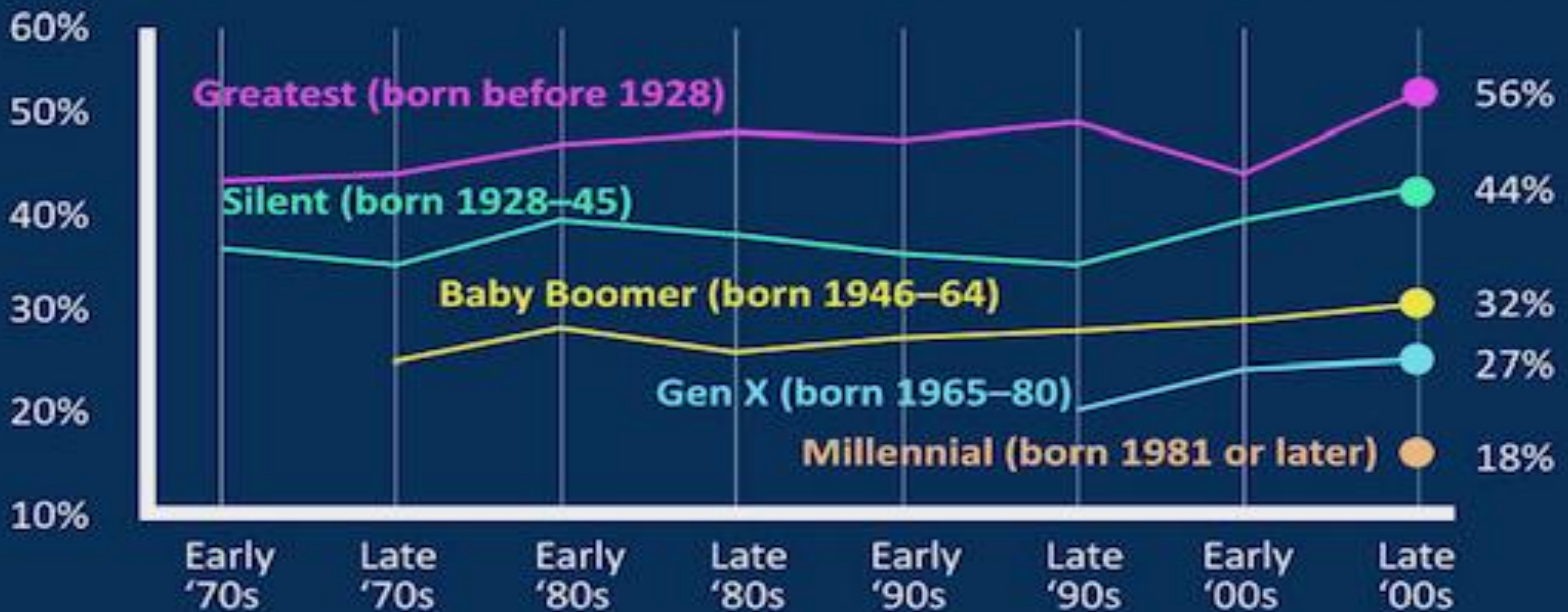




Religious Service Attendance

ATTENDANCE AT RELIGIOUS SERVICES, BY GENERATION

Percent saying they attend several times a week, every week or nearly every week.



Pew Research Center, "Religion Among the Millennials," A Pew Forum on Religion & Public Life Report, February 2010, 7.



Chronic PTSD: Challenges

- There is a need for better treatments that offer greater hope of recovery (Koenig et al., 2018; Steenkamp et al., 2015)
- VA has mandated the recovery model for serious mental illness
- Recovery embraces the notion that people with serious mental illness can live meaningful lives (Viktor Frankl, Man's Search for Meaning.)
- “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (SAMHSA, 2006)

Recovery is Suicide Prevention: SAHMSA 10 Components of Recovery

Working Definition 2012



Recovery from PTSD and Holistic Approach

- Biological
- Psychological
- Social
- Spiritual



My Personal Recovery Plan

Instructions: Please fill this out (with or without assistance) and then return and discuss it with your primary mental health team/provider

STEP 1: Satisfaction with Areas of My Life. Please tell us how satisfied you are with the areas of your life. For each area, rate your level of satisfaction #1-5 (1 = not satisfied; 3 = moderately satisfied; 5 = very satisfied) and tell us in a few words why you feel that way

Life area	#1-5	My level of satisfaction is _____ because _____.
Physical needs (food, clothing, shelter)		
Meaningful activities (work, school, volunteer) in the community		
Social relationships (friends, family, intimacy, etc)		
Holistic/Spirituality/Wellness (Mind, Body, Spirit)		
Recreation, Leisure, Hobbies, Creative Expressions (music, art, dance, writing, etc)		
Other:		

STEP 2: What is my overall vision of recovery? If my life could be anything I wanted it to be, what would it look like? What brings meaning to my life? What is meaningful to me?

STEP 3: What goals will I set to reach my vision of recovery? I will work on the following goal(s) to improve satisfaction in one or more of the life areas (from STEP 1):

STEP 4: What strengths do I have that will help me achieve my recovery goals? What are the things that I am good at doing? What are some past successes that will help me to achieve my recovery goals? What relationships or associations will help me to achieve my recovery goals?

Walsh's Recommended Therapeutic Lifestyle Changes (TLCs)

- Exercise
- Nutrition and diet
- Time in nature
- Recreation
- Relaxation
- Stress management
- Religious and spiritual involvement
- Community involvement- volunteerism

Walsh, 2011



TLC Diary

My THERAPEUTIC LIFESTYLE PRACTICES DIARY THE 8 WAYS TO PRACTICE TLC'S

Name: _____

Date: _____

My goal is to make little changes for each lifestyle element to improve the quality of my life.

	Specific Goals	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Exercise								
Nutrition and Diet								
Time in Nature								
Relationships								
Recreation								
Relaxation / Stress Management								
Religious/Spiritual Involvement								
Service and Helping Others								



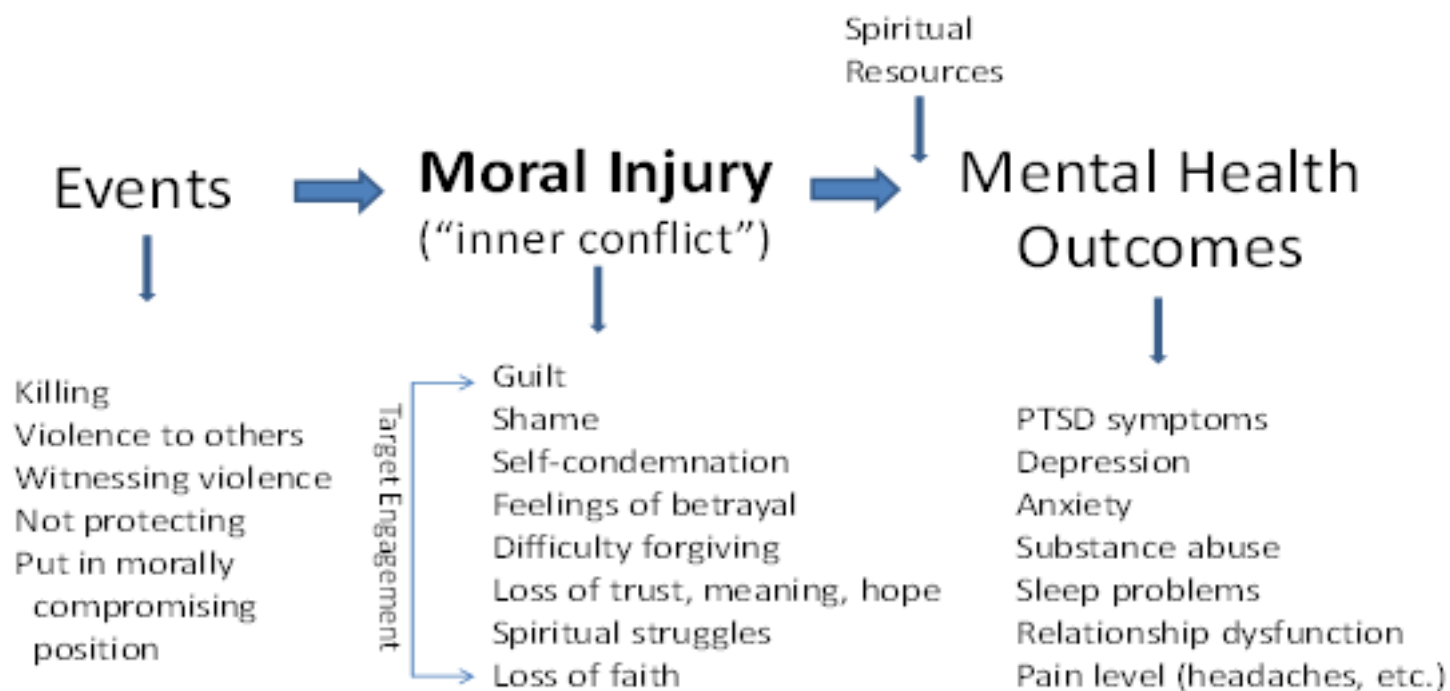
MILITARY MEDICINE, 182, X-X, 2017

Therapeutic Lifestyle Changes: Impact on Weight, Quality of Life, and Psychiatric Symptoms in Veterans With Mental Illness

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Melissa M. Lewis, PhD†; Charles Nguyen, MD‡‡; Neena Sachinvala, MD†;
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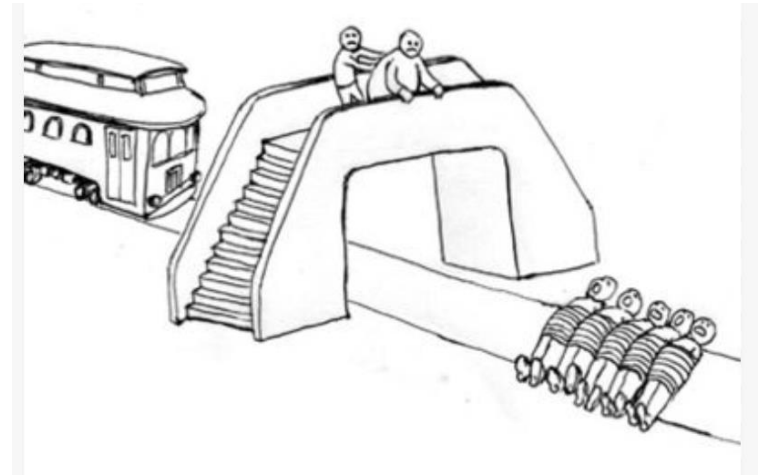
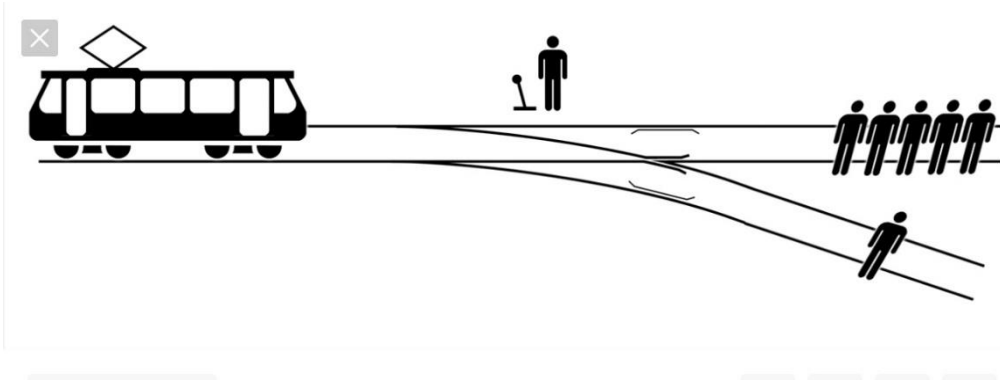
ABSTRACT Introduction: Veterans with mental illness tend to have shorter life spans and suboptimal physical health because of a variety of factors. These factors include poor nutrition, being overweight, and smoking cigarettes. Nonphysical contributors that may affect quality of life are the stigma associated with mental illness, social difficulties, and spiritual crises. Current mental health treatment focuses primarily on the delivery of medication and evidence-based psychotherapies, which may not affect all the above areas of a Veteran's life as they focus primarily on improving psychological symptoms. Clinicians may find greater success using integrative, comprehensive, multifaceted programs to treat these problems spanning the biological, psychological, social, and spiritual domains. These pilot studies test an adjunctive, holistic, behavioral approach to treat mental illness. This pilot work explores the hypotheses that engagement in a greater number of therapeutic lifestyle changes (TLCs) leads to improvement in quality of life, reduction of psychiatric symptoms, and weight loss. Materials and Methods: Institutional Review Boards for human subjects at the Veterans Affairs (VA) Greater Los Angeles and Long Beach Healthcare Systems approved pilot study activities at their sites. Pilot Study 1 was a prospective survey study of Veterans with mental illness, who gained weight on an atypical antipsychotic medication regimen, participating in a weight management study. At each session of the 1-year study, researchers asked a convenience sample of 55 Veterans in the treatment arm whether they engaged in each of the eight TLCs: exercise, nutrition/diet, stress management and relaxation, time in nature, relationships, service to others, religious or spiritual involvement, and recreation. Pilot Study 2 applied the TLC behavioral intervention and examined 19 Veterans with mental illness, who attended four classes about TLCs, received individual counseling over 9 weeks, and maintained journals to track TLC practice. Besides weekly journals, researchers also collected prospective data on quality of life, psychiatric symptoms, vitals, and anthropometric measurements. In both studies, investigators tested for main effects of the total number of TLCs practiced and study week using mixed-effects linear models with independent intercepts by participant. Results: In Study 1, engagement in more TLC behaviors was significantly associated with higher ratings of quality of life, as well as greater weight loss for each additional type of TLC practiced. In Study 2, TLC practice increased significantly over 9 weeks, and was significantly associated with improvements in quality of life and diastolic blood pressure. Conclusion: Counseling Veterans to practice TLCs provides a holistic adjunct to current treatments for mental illness. TLCs may confer multiple benefits upon Veterans with mental illness, enhancing quality of life and well-being along with weight management efforts. As these were pilot studies, the samples sizes were relatively small and a control group was lacking. Our findings may have broader implications supporting a holistic approach in both primary and mental health care settings. Future research will expand this work to address its weaknesses and examine the cost differential between this holistic approach and traditional mental health treatment.

Moral Injury Model:



Koenig, 2016

Trolley Dilemma: (Inner Conflict)



Images from Wikipedia



Definitions of Moral Injury

- “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al., 2009)
- “a betrayal of what’s right, by someone who holds legitimate authority, in a high-stakes situation” (Shay, 2014, p 183)
- “a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs” (Brock & Lettini, 2012, p xiv)

Moral Injury and PTSD

- Moral injury is not PTSD. Persons with PTSD may also suffer from moral injury. But persons with moral injury may not necessarily have all the symptoms of PTSD.
- The presence of moral injury may complicate the recovery of persons with PTSD only receiving treatment that is focused on PTSD, and resolving MI may also improve PTSD or make it more amenable to standard treatments.
- PTSD associated with: (1)Traumatic Event (2)Intrusions (3)Avoidance (4)Negative Cognitions (5)Increased Arousal
- Moral Injury associated with: Shame, guilt, betrayal, moral concerns, spiritual distress

Events and Symptoms

- Moral Injury Events Scale (MIES)
- Moral Injury Questionnaire-Military Version (MIQ-Q)

Symptoms only

- Moral Injury Symptom Scale-Military Version (MISS-M)
- MISS-M-Short Form (MISS-M-SF)
- Expressions of Moral Injury Scale (EMIS-M)

Currier, et al., 2015; Nash, et al., 2013; Koenig et al., 2018a,b

Moral Injury Symptom Scale-Military Version: Development

- West LA VA MISSION team and four other VA sites collected 570 surveys from Veterans with PTSD symptoms (2016-2017)
- High prevalence of moral injury in Veterans surveyed (nearly 90%)
- High level of interest by Veterans in treatment for moral injury (over 80%)

Koenig et al., 2018a; Youssef et al., 2018

MISS-M Validity and Reliability

- Discriminant validity: relatively weak correlations with other psychosocial, religious, and physical health constructs
- Convergent validity: strong correlations with PTSD, depression, and anxiety symptoms
- Cronbach's alpha of the overall scale was .92 and of individual subscales ranged from .56 to .91
- The test–retest reliability was .91 for the total scale and ranged from .78 to .90 for subscales

Koenig et al., 2018a

MISS-M-Short Form

- MISS-M is a comprehensive 45-item scale
- MISS-M-SF is a 10-item version of the MISS-M
- Includes 1 item rated on 1-10 scale per subscale
- Has high reliability ($\alpha=0.73$) and test-retest validity ($ICC=0.87$)
- Highly correlated with MISS-M ($r=0.92$)
- Score on any item of 8 or higher needs attention

Koenig et al., 2018b

Items: MISS-M-SF

1. I feel betrayed by leaders who I once trusted.
2. I feel guilt over failing to save the life of someone in war.
3. I feel ashamed about what I did or did not do during this time.
4. I am troubled by having acted in ways that violated my own morals or values.
5. Most people are trustworthy.
6. I have a good sense of what makes my life meaningful.
7. I have forgiven myself for what happened to me or others during combat.
8. All in all, I am inclined to feel that I am a failure.
9. I wondered what I did for God to punish me.
10. Compared to when you first went into the military has your religious faith since then... Weakened or Strengthened



Moral Injury Symptoms and Suicide Risk

- Growing evidence of link between moral injury and increased suicide risk
- Published study of 570 Veterans and Active Duty Military
 - Measured moral injury, suicide risk index based on 10 known suicide risk factors
 - Measured religiosity and moderating effect of religion
- Moral injury strongly correlated with suicide risk ($r=0.54$)
 - Self-condemnation had the highest subscale correlation with MI
 - Religiosity did not mediate relationship between moral injury and suicide risk

Ames, 2018

Moral Injury and Spirituality/Religiosity

- Religiosity/Spirituality (R/S) in Veterans has been inversely related to PTSD symptoms (Currier et al., 2014).
- And positively correlated with “Post Traumatic Growth” (Tsai et al., 2015)
- In our study 90% of Veterans with PTSD symptoms reported Moral Injury symptoms as well.
- Overall, religiosity was inversely related to moral injury in Veterans with Severe PTSD. (religiosity measured by validated measure, BIAC) (Koenig et al., 2018)

Moral Injury and Treatment Preference

- What is the preference of Veterans in terms of treatment modality/provider?
- Some Veterans may prefer Chaplains
- Others may prefer mental health provider
- Stigma associated with mental illness— Veterans may prefer getting help in their faith-based community leader
- Mental health/psychiatry should partner with faith-based communities to help Veterans
- Also, within the VA mental health and chaplains should collaborate
- In one recent publication by this group Youssef et al, 2018, 80% of Veterans were open to a spiritually oriented treatment

- Adaptive Disclosure (AD)
- Impact of Killing
- Acceptance and Commitment Therapy
- Building Spiritual Strength (BSS)
- Spiritual-Integrated Cognitive Processing Therapy (SICPT)
- Chaplain Interventions (West LA, VA Shark Tank)

Spiritually Integrated Cognitive Processing Therapy

- Spiritually integrated form of CPT that explicitly draws on a client's spiritual/religious resources and that addresses spiritual struggles and moral injuries.
 - Spiritual beliefs, practices, rituals, values, and inspirational passages to challenge and change unhelpful patterns of thinking and behavior
 - Spiritual concepts, such as kindness, compassion, and acceptance
 - Spiritual practices, such as confession, forgiveness, making amends, spiritual surrender, prayer/meditation, and spiritual community
- Targets MI to reduce PTSD symptoms
- 5 religion-specific appendices (Pearce et. al., 2018)

Structured Chaplain Intervention for Treatment of Moral Injury

- This intervention consists of twelve 50-minute individual one-on-one pastoral care sessions with the Veteran
- The intervention is designed specifically for those who indicate that religion is important in their lives. It is to be adapted to the specific religious beliefs of the Veteran. (Koenig et al., 2019)

III. Modules based upon Model of Healing:

Conviction

Lament

Repentance

Confession

Forgiveness

Reconciliation

Atonement

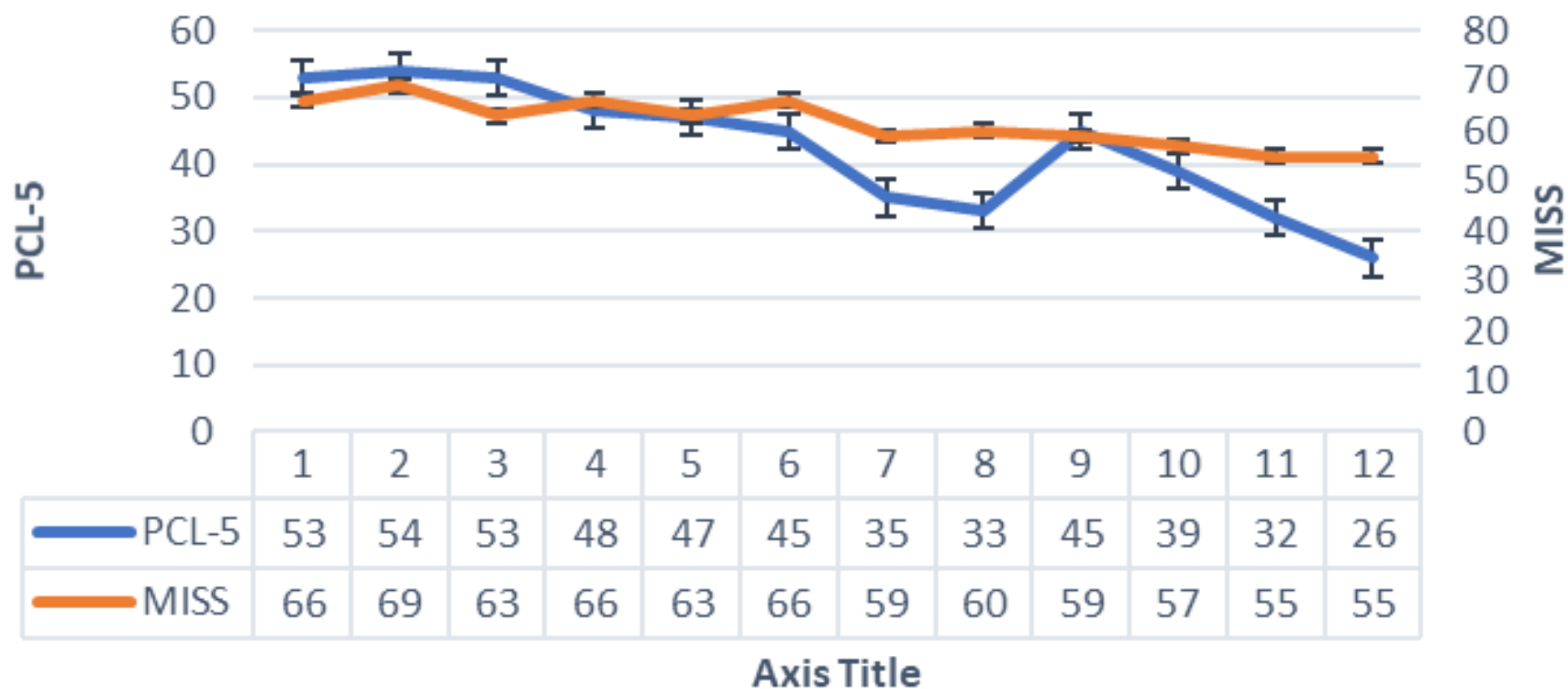
Recovery & Resilience

Anger (optional)

II. 10 Moral Injury Dimensions (Content for Sessions)

1. Guilt
2. Shame
3. Betrayal
4. Moral concerns
5. Loss of trust
6. Loss of meaning
7. Self-condemnation
8. Difficulty forgiving
9. Religious struggles
10. Loss of religious faith

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Research Study: *Helping Los Angeles Faith-Communities Prevent Veteran Suicide During Periods of Transition Back into Civilian Life*

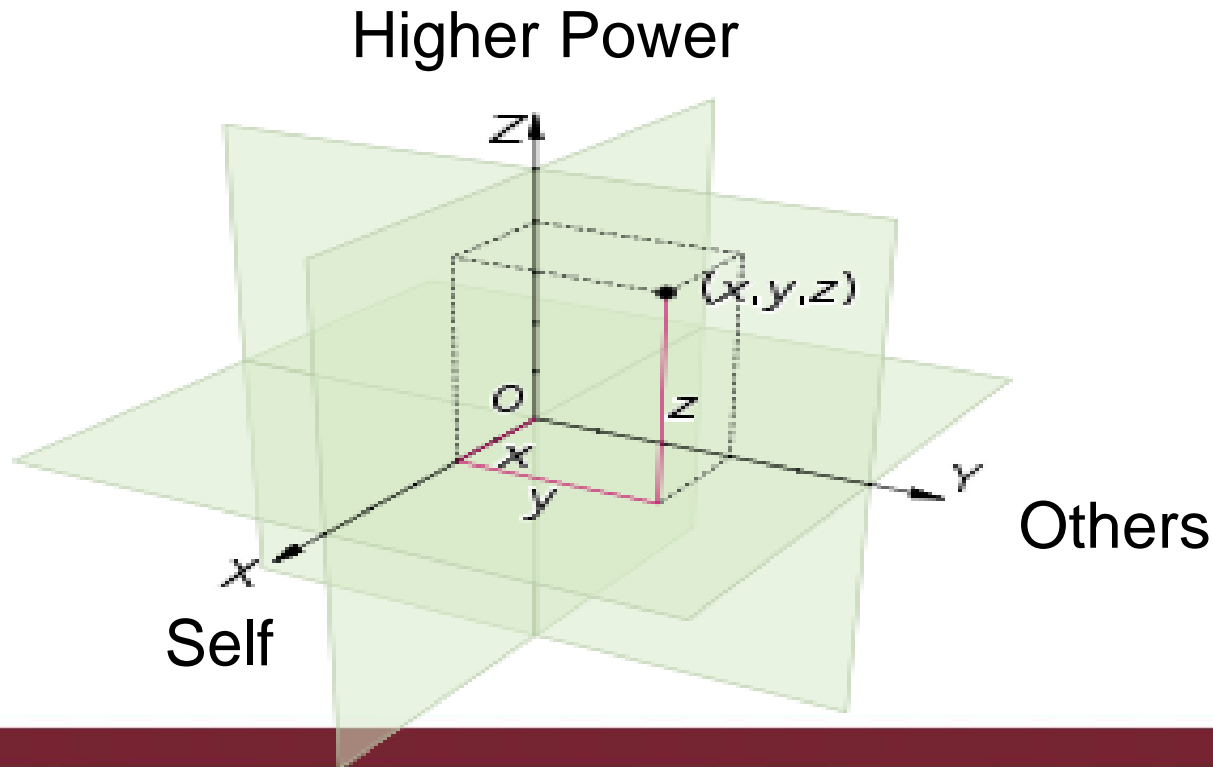
- Methods: Conduct Focus Groups with 10 faith based leaders
- Learn from focus groups about the challenges and the solutions they have come up with to help Veterans with mental health issues and suicidal ideation
- Collect resources to provide to Faith Communities to help with connecting Veterans with the VHA. (most suicides amongst Veterans are not amongst Veterans connected with VHA).
- Continue a dialogue with Faith Leaders and plan to distribute materials to them to help with addressing PTSD and Moral injury through Spiritually Integrated interventions.

Future research: Moral injury and Relationship Problems/Anger/Forgiveness

- We are spiritual beings
- “We are all struggling with a relationship problem” (Glasser, 1999)
- Is there a problem with a relationship with self? (self-loathing- a part of moral injury)
- Is there a problem in a relationship with others(withdrawal from friends, family, work).
- Is there a problem with a relationship with God or higher power a sense of purpose or meaning? (Spiritual Struggles)
- How do these relationship problems then affect the soul– the mind, the will, the emotions? (Nee, 1968)

SIMPLE AS X Y Z

- On a scale of 1-10 on each axis what is the health of this spiritual being in terms of relationships with self, others and Higher Power?



Themes of Forgiveness – Prodigal Son

- There is a loving G-d who wants to hold us in his arms no matter how broken we are
- And never gives up on us coming home
- Imagine if we all treated each other with the compassion, mercy, forgiveness, grace and unending love that the prodigal's father, had for him (Boyle, "Tattoos on The Heart," 2010)

Summary

- A RECOVERY oriented, holistic– bio-psycho-social-spiritual approach is suicide prevention.
- Moral injury should be recognized as it may explain why Veterans with PTSD do not fully recover with currently available treatments for PTSD
- Spiritually integrated treatments can foster collaboration between chaplains, faith-based communities, and mental health providers
- Research on recognition and treatment of moral injury in Veterans and civilian populations is essential and may be part of a comprehensive recovery oriented, holistic, suicide prevention plan.

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Veterans Crisis Line

- 1 800-273 8255 and Press 1

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