

# **SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY:**

## **TREATMENT APPROACH TO MORAL INJURY**

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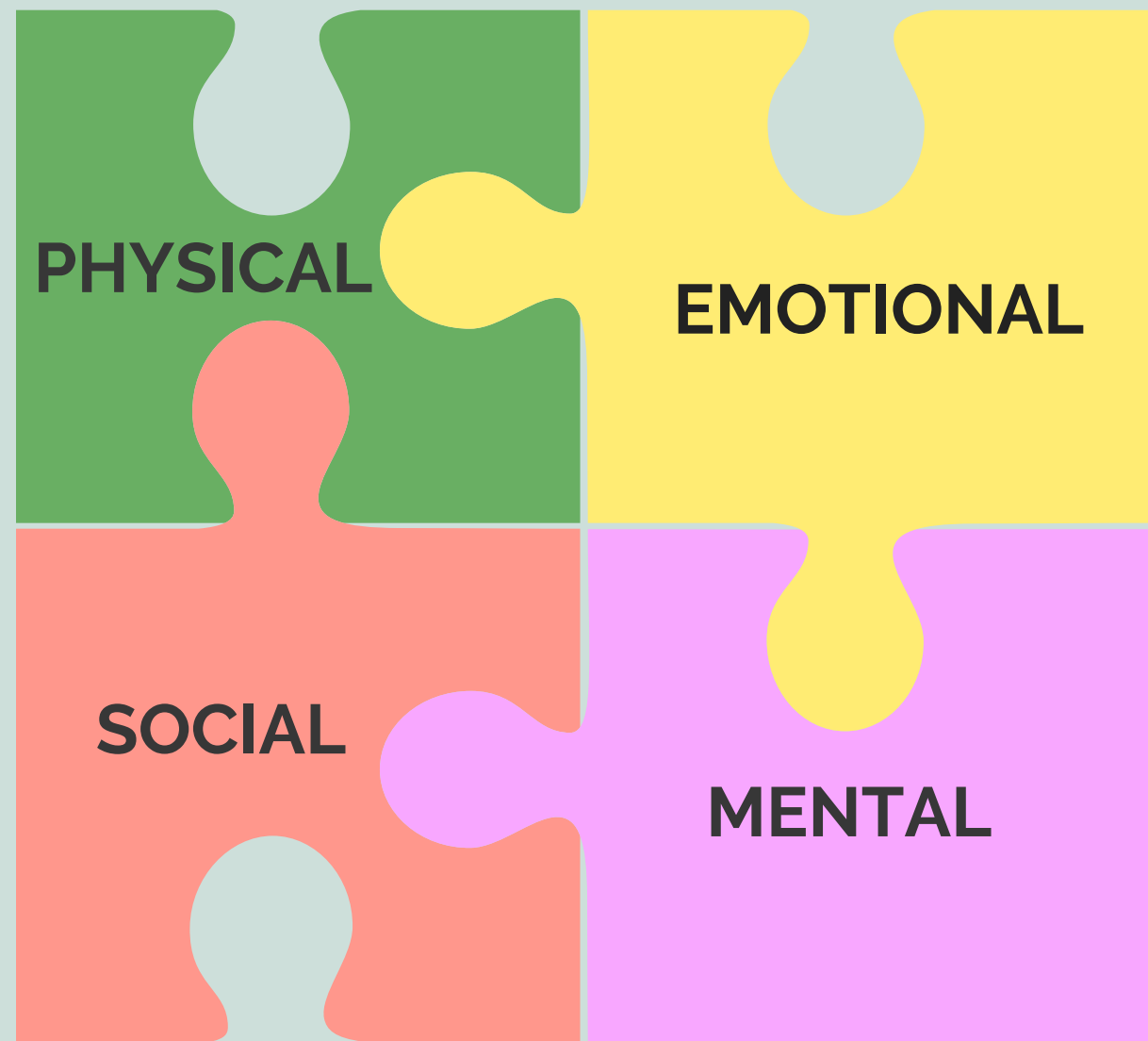
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# DISCLOSURE

I HAVE NO RELEVANT FINANCIAL RELATIONSHIPS WITH THE MANUFACTURERS OF ANY COMMERCIAL PRODUCTS AND/OR PROVIDERS OF COMMERCIAL SERVICES DISCUSSED IN THIS CME ACTIVITY.

# OBJECTIVES

- REVIEW POSTTRAUMATIC STRESS DISORDER
- DISCUSS THE ROLE OF MORAL INJURY IN TRAUMA
- INTRODUCE THE DEVELOPMENT OF SPIRITUALLY INTEGRATED COGNITIVE PROCESSING THERAPY
- CASE PRESENTATION



**AM I TRULY  
IMPLEMENTING  
BIOPSYCHOSOCIAL MODEL  
IN MY THERAPEUTIC  
PRACTICE?**

# RELIGIOUS BREAKDOWN IN THE SOUTH

**SAMPLE SIZE: 12,566**

- **ALMOST 90% OF SOUTHERNERS BELIEVE IN GOD**
- **MAJORITY VIEW RELIGION AS IMPORTANT**
- **ALMOST 65% OF SOUTHERNERS PRAY DAILY**
- **CLOSE TO 45% READ SCRIPTURE WEEKLY**
- **MAJORITY IN THE SOUTH IDENTIFY AS CHRISTIANS**

**PEW RESEARCH, 2018**

- THERE IS A **GROWING TREND** OF PEOPLE THAT BELIEVE THAT RELIGIOUS/SPIRITUAL CONCERNS SHOULD BE **ADDRESSED IN THERAPY**
- RESEARCH SHOWS A **POSITIVE RELATIONSHIP** BETWEEN **SPIRITUAL INVOLVEMENT** AND **BETTER TREATMENT OUTCOMES**
- SPIRITUALLY INTEGRATED THERAPIES HAVE **SHOWN EFFICACY** IN **DECREASING PTSD SYMPTOMS** AND **INCREASING POSTTRAUMATIC GROWTH (PTG)**

Bormann et al., 2008; Tsai et al, 2015; Post & Wade, 2009; Rose, Westerfeld, & Ansley, 2001; Koenig et al., 2015; Koenig 2007



# THE MILITARY AND VETERAN PRESENCE AND POPULATION IN NORTH CAROLINA





# RISK FACTORS FOR PTSD

- COMBAT TRAUMA
- LIMITED COPING SKILLS
- MINIMAL SOCIAL SUPPORT
- MORE THAN ONE STRESSFUL EVENT
- PREVIOUS MENTAL HEALTH PROBLEM
- SUSTAINING INJURY DURING THE EVENT
- PHYSICAL, EMOTIONAL, & SEXUAL TRAUMA



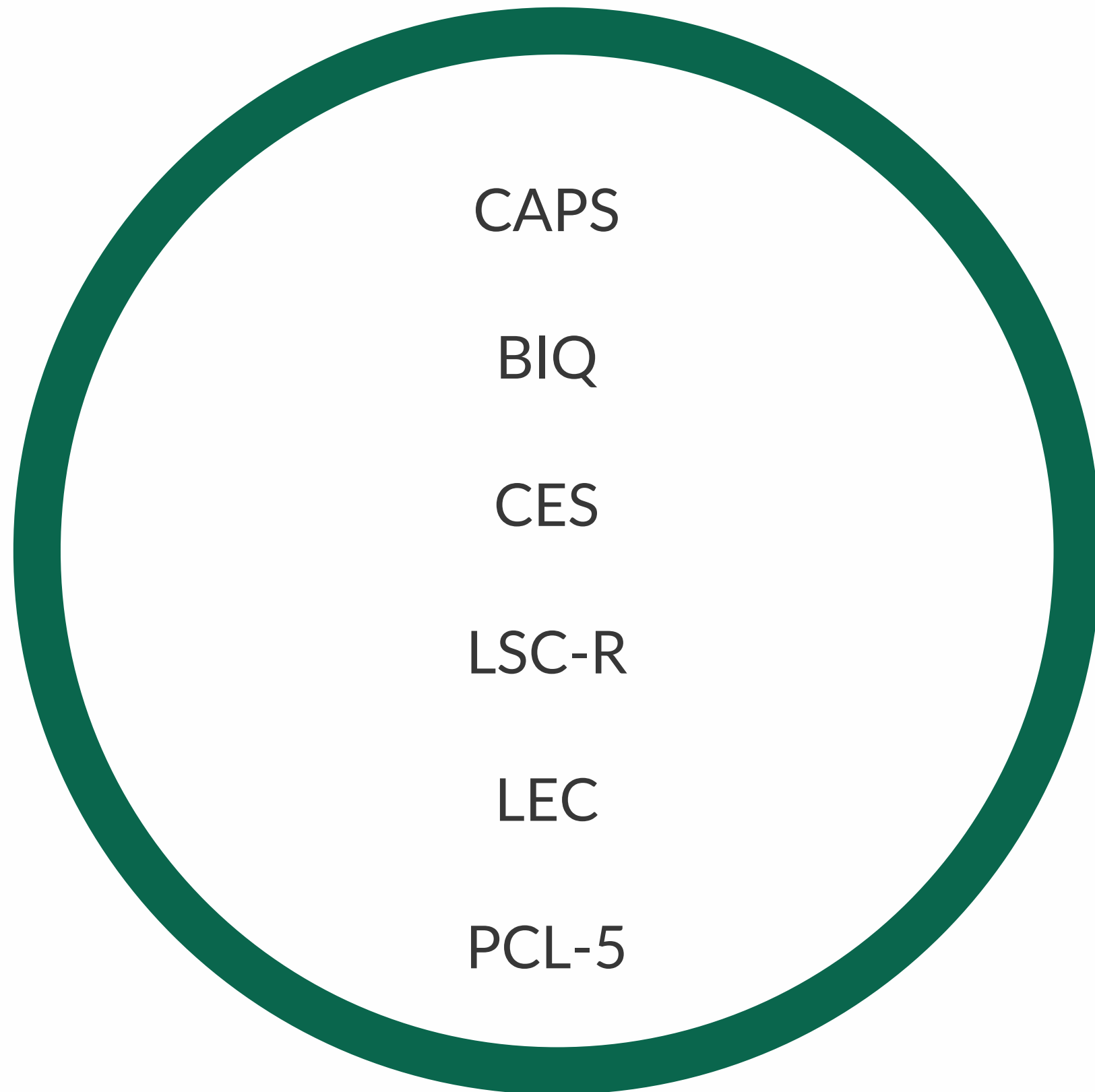


# PTSD & CHRONIC PAIN

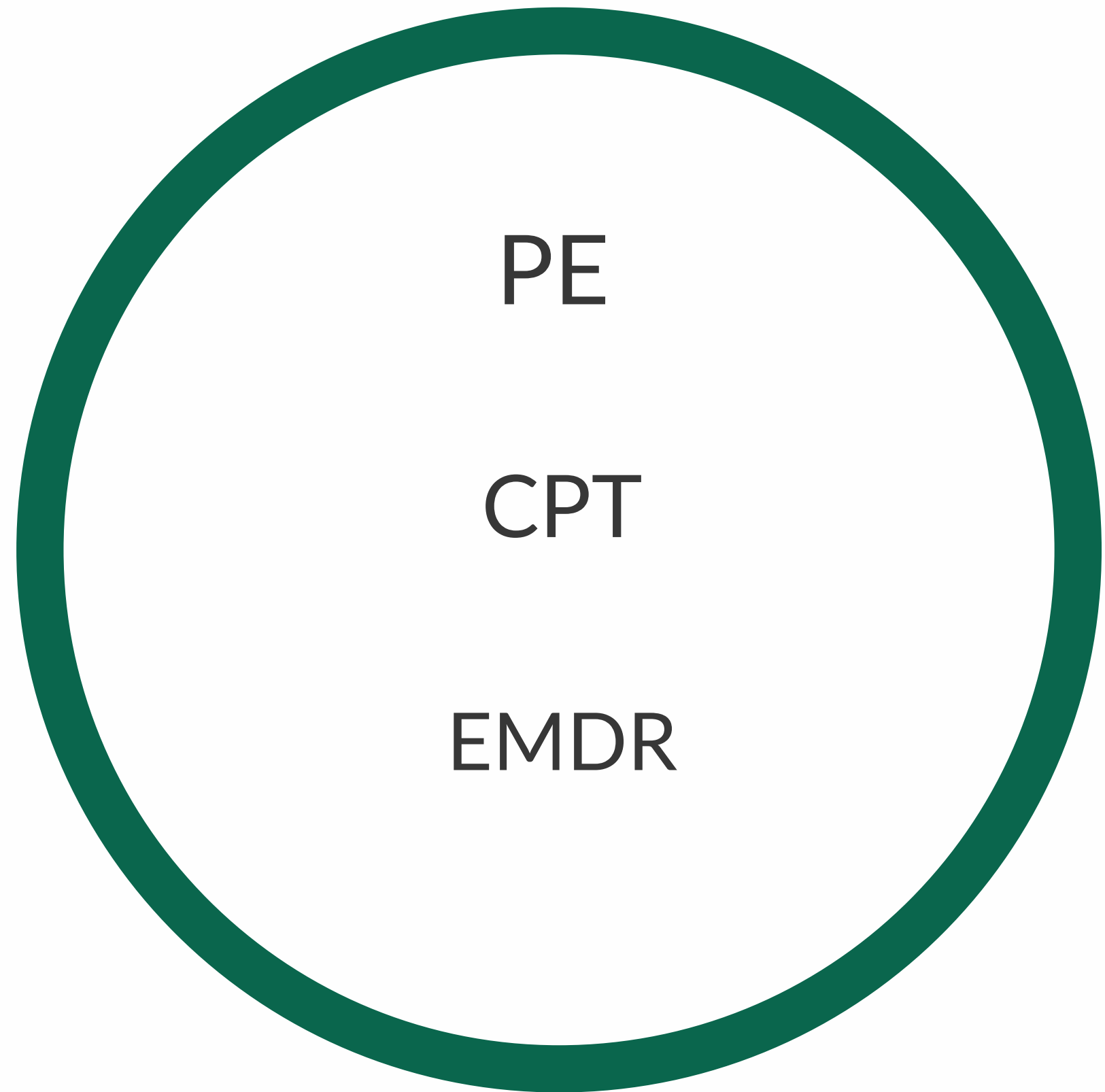
- PANIC DISORDER AND PTSD HAD THE HIGHEST ASSOCIATION WITH PAIN RELATED DISABILITY THAN ANY OTHER ANXIETY DISORDER
- PTSD IS HIGHER AMONG MILITARY PERSONNEL & VETERAN POPULATIONS THAN AMONG CIVILIANS
- VETERANS WHO RECEIVED TREATMENT FOR PTSD, 66% REPORTED CHRONIC PAIN CONDITIONS
- THOSE WITH CO-MORBID DIAGNOSIS OF PTSD AND CHRONIC PAIN TYPICALLY REPORT SEVERE PAIN LEVELS AND GREATER PAIN-RELATED DISABILITY IN DAILY FUNCTIONING



# ASSESSMENT



# TREATMENTS





“IN ONE VILLAGE A MAN BROUGHT A LITTLE GIRL, HIS DAUGHTER.

HE ASKED ME TO HELP HER...BUT HE WAS ACTING DIFFERENTLY  
THAN I EXPECTED A FATHER TO ACT.

I FELT BAD FOR THE LITTLE GIRL AND CONTEMPT FOR THE DAD.

I HATED THOSE PEOPLE THAT THEY DID THESE THINGS”

# Moral Injury

*Brock & Lettini, 2012*

A deep sense of transgression from having violated core moral beliefs

*Litz et al., 2009*

Perpetrating, failing to prevent, bearing witness to , or learning about acts that transgress deeply held moral beliefs

*Shay, 1994*

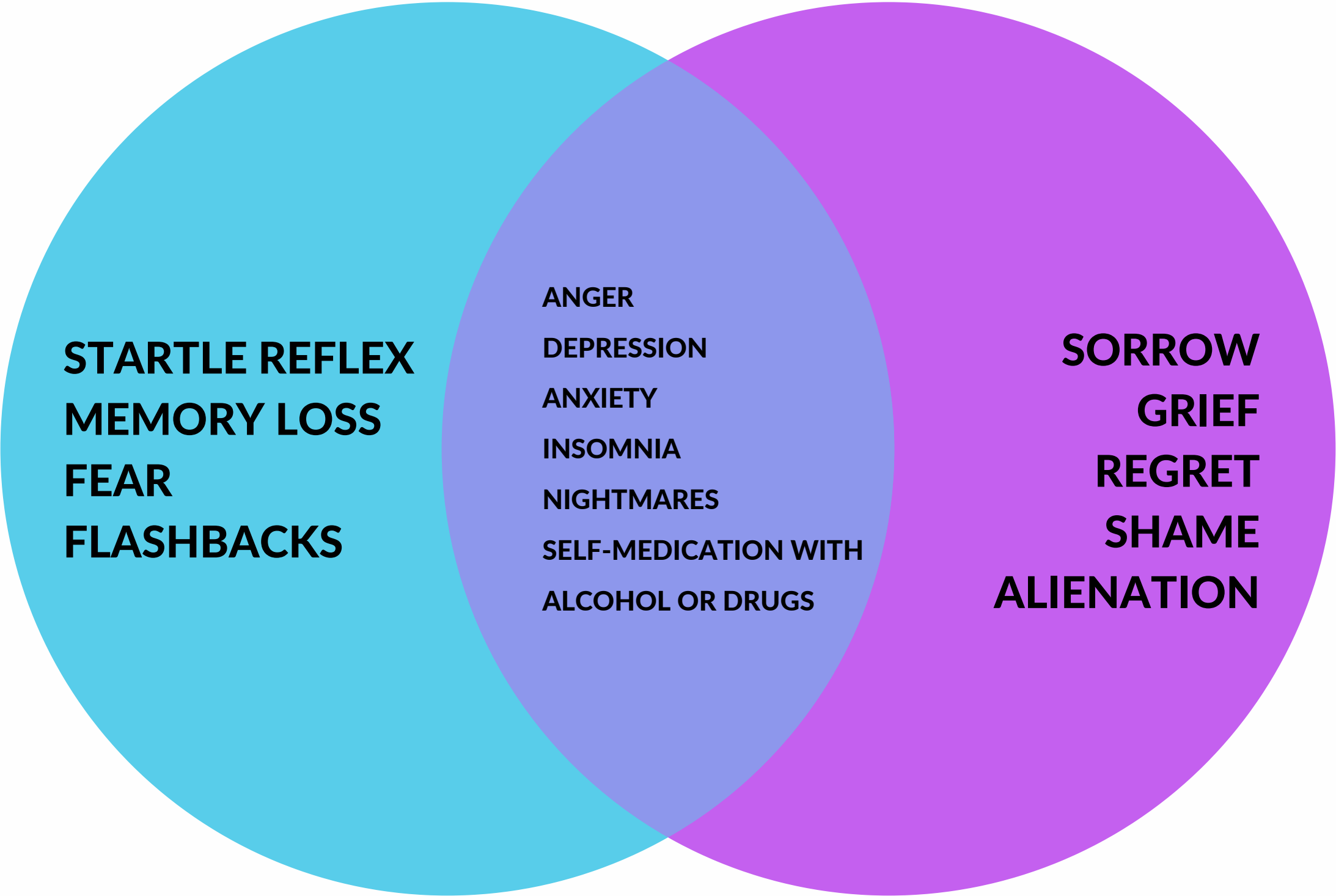
A betrayal of what's right either by someone in legitimate authority or by one's self in a high-stakes situation



# SYMPTOMS OF MORAL INJURY (MI)



# PTSD & MORAL INJURY OVERLAPS





# **SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY (SI-CPT)**

RACKAfracka <sup>by</sup> Fritz

THE WHEEL? HA!  
IT'LL NEVER  
CATCH ON!

WHY DIDN'T  
WE INVENT  
ANOTHER  
WHEEL?



# Cognitive Processing Therapy: CPT



# **SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY**

- **12 SESSIONS DESIGNED FOR:**
  - THOSE WHO ARE SPIRITUAL BUT NOT RELIGIOUS
  - THOSE WHO ARE BOTH SPIRITUAL AND RELIGIOUS
- **ADDRESSES BOTH MORAL INJURY & SPIRITUAL CONCERNS**
- **CORRECTING ERRONEOUS INTERPRETATIONS OF TRAUMA THROUGH GRADUAL EXPOSURE, PROCESSING, AND COGNITIVE RESTRUCTURING**
- **EQUIP CLINICIANS TO HELP PATIENTS NAVIGATE SPIRITUAL CONCERNS RELATED TO TRAUMA**

# SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY

## DISCUSSIONS INCLUDE:

- MERCY
- REPENTANCE
- FORGIVENESS
- SPIRITUAL SURRENDER
- PRAYER/CONTEMPLATION
- DIVINE JUSTICE
- HOPE
- DIVINE AFFIRMATIONS

## TECHNIQUES:

- CONFESSION
- PENANCE
- FAITH COMMUNITY INVOLVEMENT



# SI-CPT SESSIONS

SESSION #1: INTRODUCE MORAL INJURY + REVIEW PTSD SXS	SESSION #7: INTRODUCE TRUST MODULE
SESSION #2: REVIEW 1ST IMPACT STATEMENT; IDENTIFY AND INCORPORATE SPIRITUAL RESOURCES + ABC WORKSHEETS	SESSION #8: INTRODUCE ESTEEM MODULE + MAKING AMENDS
SESSION #3: INTRODUCE KIND ATTENTION AND COMPASSION	SESSION #9: INTRODUCE POWER/CONTROL MODULE
SESSION #4: LAMENT + SI-CQW	SESSION 10: INTRODUCE INTIMACY MODULE + RE-ENGAGEMENT IN ACTIVITIES WITH SPIRITUAL COMMUNITY
SESSION #5: INCORPORATE ACKNOWLEDGMENT/ CONFESSION + SI- PPTW	SESSION #11: INTRODUCE SAFETY MODULE + DISCUSS POST- TRAUMATIC GROWTH
SESSION #6: INTRODUCE OF THE REACH FORGIVENESS STEPS + SI- CBW	SESSION #12: COMPARE SECOND AND FIRST IMPACT STATEMENTS

# **CASE PRESENTATION**

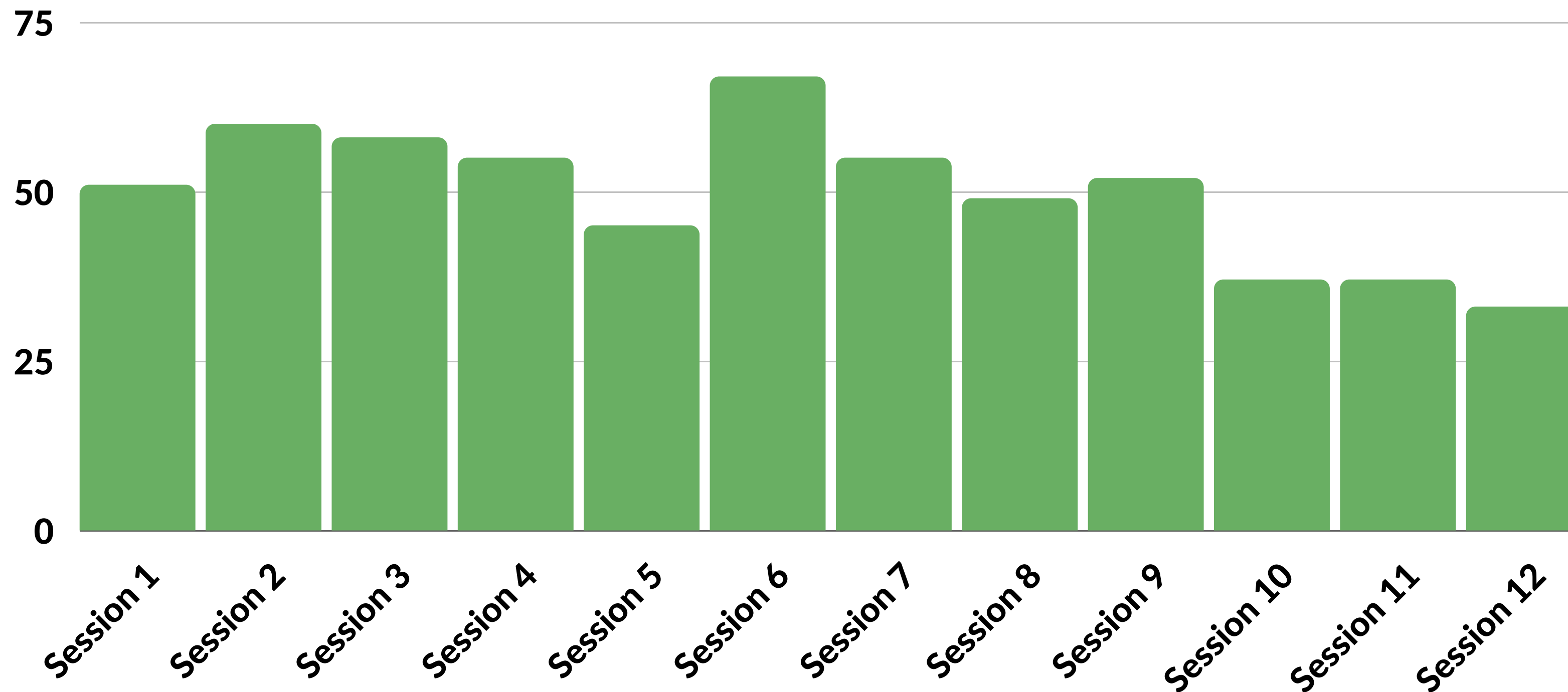
# Assessments





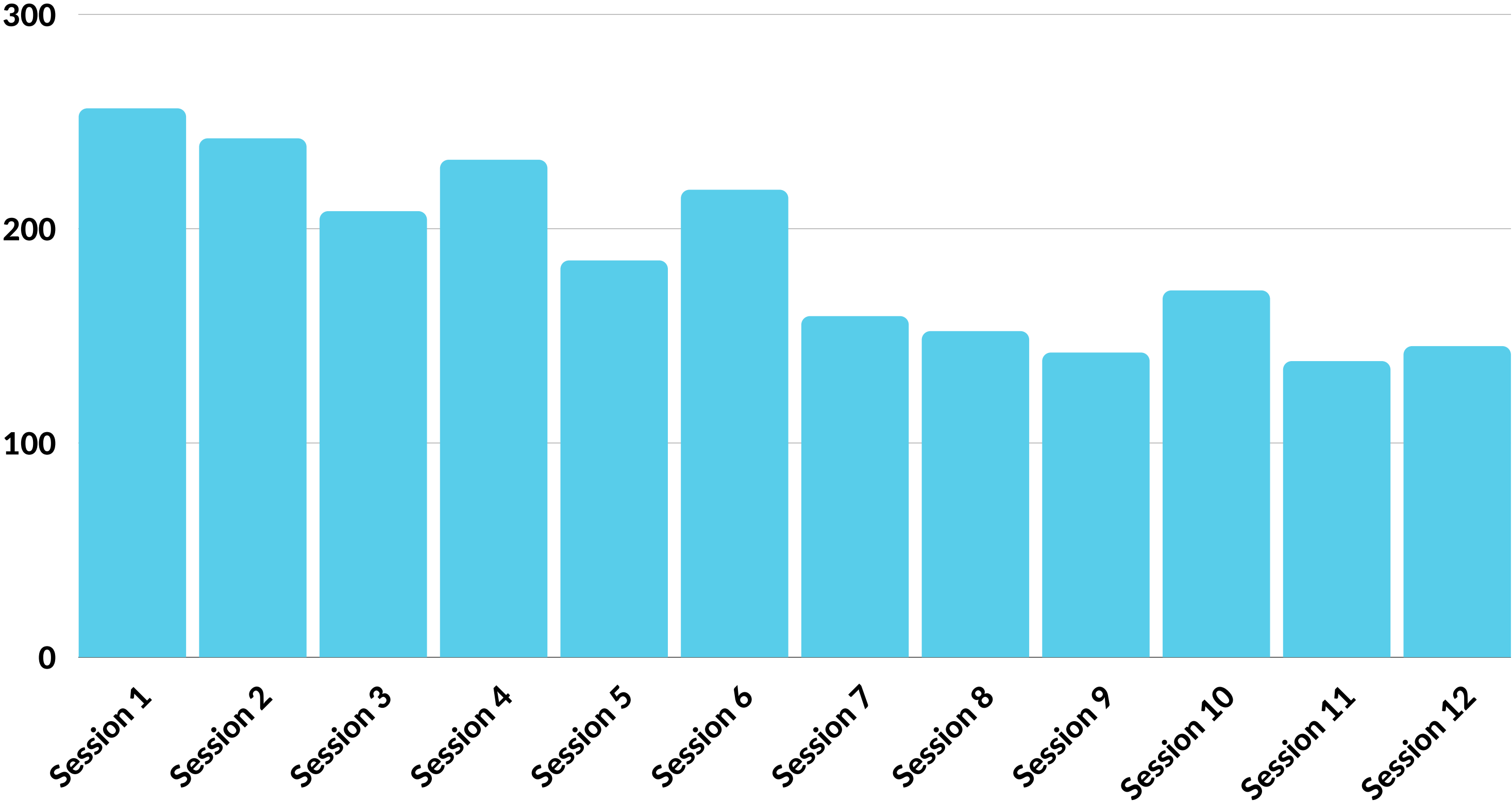
# PTSD

(0-80)



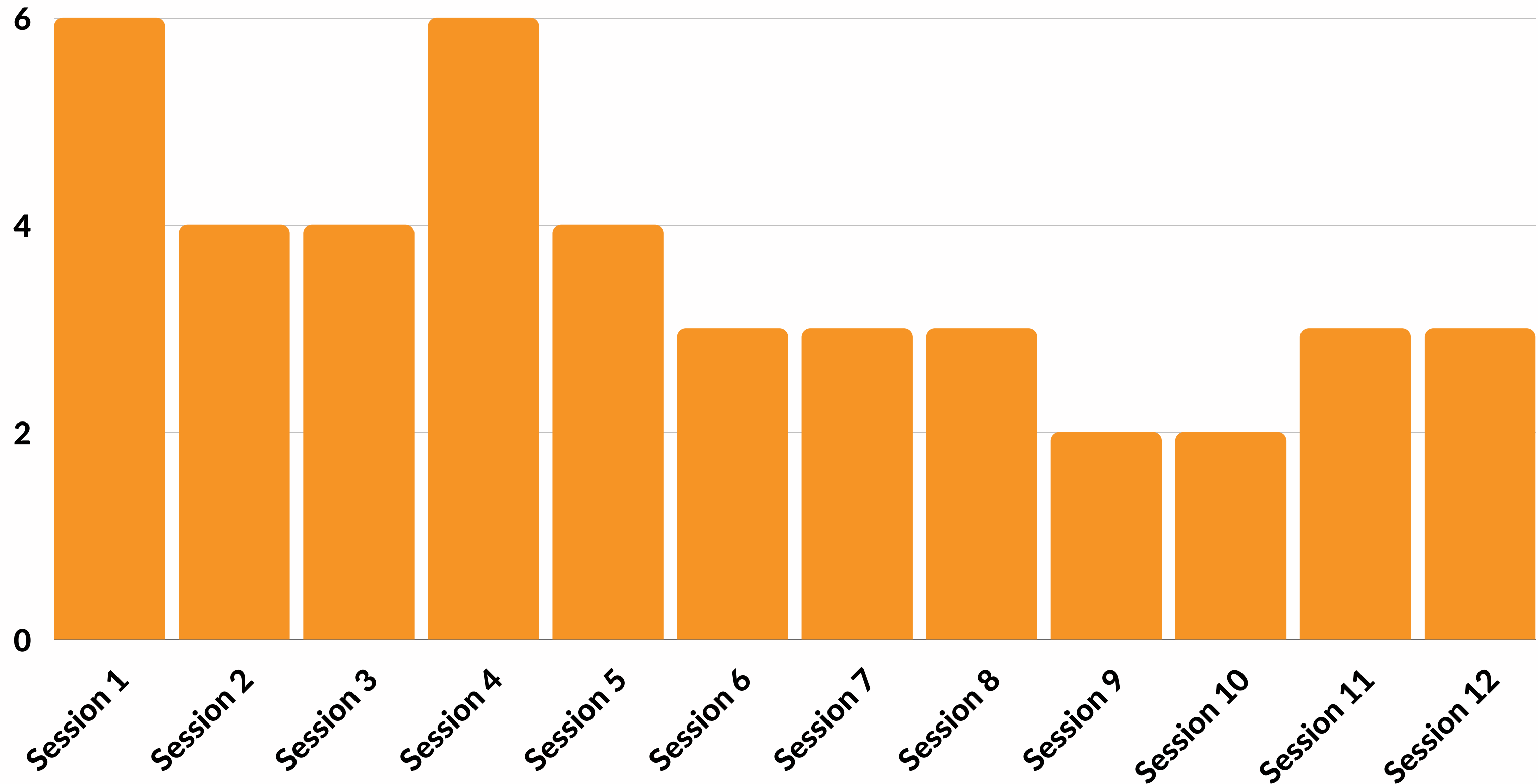
# MORAL INJURY

## (45-450)



# PAIN

(0-10)





# CONCLUSIONS

- OVERALL REDUCTION OF SYMPTOMS
- RE-CONNECTED WITH GOD AND INCREASED SOCIAL ACTIVITIES
- IMPROVED RELATIONSHIP WITH GIRLFRIEND
- FEELS MORE EMPOWERED TO MANAGE HIS MEDICAL ISSUES AND NAVIGATE HEALTHCARE SYSTEM
- STOPPED ALCOHOL AND TOBACCO USE

# REFLECTIONS::

THERE IS SOME EVIDENCE THAT SI-CPT CAN ADDRESS BOTH PTSD AND MORAL INJURY

PATIENT SHARED EXCITEMENT ABOUT INCORPORATING SPIRITUALITY INTO HIS TRAUMA WORK

PROTOCOL CAN BE OVERWHELMING

TIME-CONSUMING

# QUESTIONS





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