SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY:
TREATMENT APPROACH TO MORAL INJURY

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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

CAPS
BIQ
CES
LSC-R
LEC
PCL-5

TREATMENTS

PE
CPT
EMDR
“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”
<table>
<thead>
<tr>
<th>Brock &amp; Lettini, 2012</th>
<th>Litz et al., 2009</th>
<th>Shay, 1994</th>
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<tbody>
<tr>
<td>A deep sense of transgression from having violated core moral beliefs</td>
<td>Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs</td>
<td>A betrayal of what’s right either by someone in legitimate authority or by one’s self in a high-stakes situation</td>
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SYMPTOMS OF MORAL INJURY (MI)
PTSD & MORAL INJURY OVERLAPS

STARTLE REFLEX
MEMORY LOSS
FEAR
FLASHBACKS

ANGER
DEPRESSION
ANXIETY
INSOMNIA
NIGHTMARES
SELF-MEDICATION WITH
ALCOHOL OR DRUGS

SORROW
GRIEF
REGRET
SHAME
ALIENATION
SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY (SI-CPT)
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

ADRESSES 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

KOENIG ET AL., 2017
SPIRITUALLY-INTEGRATED COGNITIVE PROCESSING THERAPY

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

TECHNIQUES:
- CONFESSION
- PENCE
- FAITH COMMUNITY INVOLVEMENT

KOENIG ET AL., 2017
<table>
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<tr>
<th>Session #1: Introduce Moral Injury + Review PTSD SxS</th>
<th>Session #7: Introduce Trust Module</th>
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<td>Session #2: Review 1st Impact Statement; Identify and Incorporate Spiritual Resources + ABC Worksheets</td>
<td>Session #8: Introduce Esteem Module + Making Amends</td>
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<td>Session #3: Introduce Kind Attention and Compassion</td>
<td>Session #9: Introduce Power/Control Module</td>
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<tr>
<td>Session #4: Lament + SI-CQW</td>
<td>Session 10: Introduce Intimacy Module + Re-Engagement in Activities with Spiritual Community</td>
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<td>Session #5: Incorporate Acknowledgment/ Confession + SI-PPTW</td>
<td>Session #11: Introduce Safety Module + Discuss Post-Traumatic Growth</td>
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<td>Session #6: Introduce of the Reach Forgiveness Steps + SI-CBW</td>
<td>Session #12: Compare Second and First Impact Statements</td>
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Koenig et al., 2017
CASE PRESENTATION
Assessments
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
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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