



# **ICAN Nexus Conference**

## **Trauma Informed Care: The Three Principal Harms**

**Presented**

**By**

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# Training Objectives

- **By the completion of this training you will:**
  - Have a more nuanced understanding of trauma and be able to articulate the 3 principal harms
  - Understand the development of the concept of Moral Injury as applied to Non-Military and Child Protective Services systems
  - Be able to distinguish Potentially Morally Injurious Events (PMIEs) from Potentially Traumatizing Events (PTEs)



# Trauma Informed Care

- Trauma Informed Care – has become a buzz word
- According to Litz et. al. (2016) in order to provide truly informed care a more nuanced understanding of the Three Principal Harms is required.
- **What are these Three Principal Harms?**
  - Traumatic Loss
  - Danger Exposure/Life Threat
  - Moral Injury



# Principal Harm I: Traumatic Loss

- **Traumatic vs. Necessary loss?**
  - Your 90yo grandmother dies in her sleep, after years of chronic joint pain and Parkinson's dementia: **TL or NL?**
  - Your 16yo daughter dies in an MVA, driving home late from Disneyland, just weeks after obtaining her DL: **TL or NL?**
  - Your 63yo father, with Alzheimer's, loses his DL: his Physician reported "Driver Incapacity" to the DMV after an MVA: **TL or NL?**
  - Your 20yo brother, with no MH History, jumps off the Engineering building after failing a midterm exam in Physics: **TL or NL?**
- **Traumatic Losses are Sudden, Violent and unexpected!**



# Principal Harm I: Emotional Impact of Traumatic Loss

- **Shock & Anguish**
  - Dazed & confused
    - Not eating, not sleeping, not grooming, psychological paralysis
- **Rage & Wrath**
  - Seek vengeance
    - Retribution for those blamed for the death
- **Grief & Sadness**
  - Inconsolable, self-neglect
    - Crying jags, losing weight, drinking
- **Relief & Release**
  - Socially unacceptable to celebrate a Traumatic Loss
    - Struggle to make meaning, due to guilt over wishing the person dead



# Principal Harm I: Resolution of Traumatic Loss

- **Normal Recovery period 1yr**
  - Catholic tradition: wear black for 1yr, feast on death anniversary
  - Jewish tradition: Yahrtzeit a feast on death anniversary
  - Native American: "Give-Away" ceremony on death anniversary
- **Grieving less than a year disrespects the dead**
- **Grieving more than a year disrespects the living**
- **Reconnection & reengagement**
  - with family, friends, community
  - <https://www.youtube.com/watch?v=4Pn3y7S5FAw>



# Principal Harm II: Life Threat PTEs

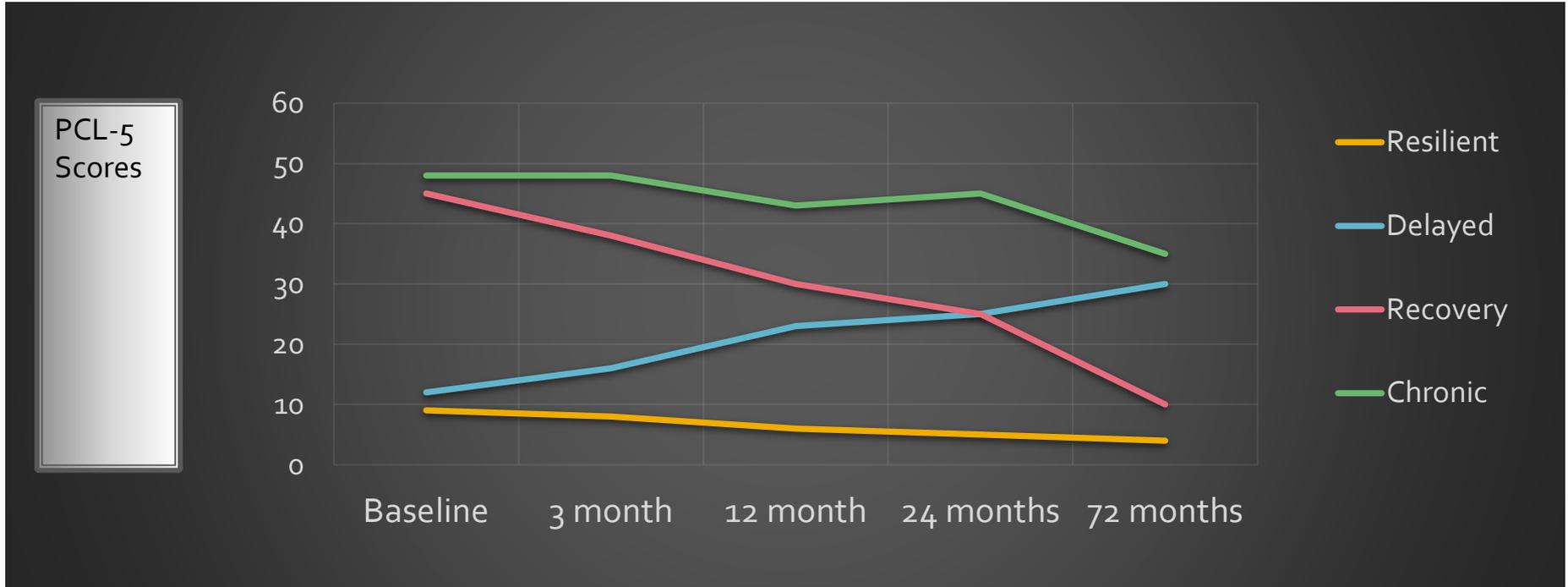
- **Natural Disasters**
  - Floods
  - Earthquakes
  - Tornados
  - Hurricanes
  - Wild fires
- **Accidents**
  - Industrial
  - Home
  - Motor vehicle
  - Aircraft
  - Boating
- **Manmade Disasters**
  - War
  - Genocide
  - Terrorism
  - School Shootings
  - Rape
  - Armed robbery
  - Assault
  - Arson
  - DUI
  - Domestic violence
  - Child abuse

**Which Military action since WW I has the highest Rate of PTSD?**

<https://www.youtube.com/watch?v=Elolb9Ffwgw>



# Principal Harm II: Four Trajectories



## ■ **Base rates:**

- *Chronic 4%*
- *Recovery 6%*
- *Delayed/Worsening 17 %*
- *Resilient 73%*



# Principal Harm II: Natural Recovery

***8 out of 10 people exposed to a PTE will recover (successful extinction learning) without any Professional Intervention***

Normal Reactions to PTE Exposure	Acute Stress Disorder	Acute PTSD	PTSD	Chronic or Delayed PTSD
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25% of Natural Recovery (NR) will have occurred by 30 days	50% of NR will have occurred by 90 days	75% of NR will have occurred by 120 days	90% of NR by 180 days
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***After 180 days: Individuals are unlikely to recover without Evidence Based Treatments delivered by a MH Professional***



# Principal Harm II: Life Threat

- **All EBT for ASD & PTSD are based on a Classical Conditioning Model** (Foa et al., 1989; Litz et al., 2009, Bryant, 2016)
  - UCS (home visit) + UCR (assault-> pain -> fear conditioning), thus future presentation of CS (home visit) results in the CR (fear reaction)
- **Natural Recovery = Successful Extinction Learning**
  - Repeated exposures to the CS (home visit), without the CR (fear reaction) will result in extinction (no fear reaction to the CS).
- **Thus, PTSD = Failed Extinction Learning**
  - Treatment is simply a more systematic, purposeful, effort to facilitate Extinction Learning by repeatedly presenting the CS (In Vivo & Imaginal Exposure) without the resultant CR (Fear response).



# Principal Harm III: Moral Injury

- **Definition:** “Moral Injury is the lasting psychological, biological, spiritual, behavioral and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.”
- **Distinct from “Moral Frustration”**
  - Litz’s example: Concerns about climate change
  - DCFS analogous example: Concerns about immigration policy
- **Distinct from “Moral Distress”**
  - Litz’s example: Stolen intellectual property
  - DCFS analogous example: Disproportionately high caseload



# Principal Harm III: Potentially Morally Injurious Events (PMIEs)

- **Potentially Morally Injurious Events** are those in which a person perpetrates, fails to prevent, or bears witness to acts that transgress one's deeply held moral beliefs and expectations (Litz, 2019).
- **Potentially Traumatizing Events (PTEs) vs. PMIE**
  - **Natural Disasters**
    - Wildfire destroys your house but all survive vs. a family that shelters in place, saves the home but youngest child dies of smoke inhalation
  - **Accidents**
    - Rear-ended on the 605 car totaled & whiplash vs. Father, in a hurry, runs over his 2yo son in the driveway as he was chasing the car to say goodbye
  - **Manmade Disasters**
    - Woman is accosted on a jog survives with only minor injuries vs. family kidnapped in a 3<sup>rd</sup> world country and father forced by captors to choose which daughter is to be raped



## Principal Harm III: MI applied to Child Protective Services Workers

- **Moral Injury has only recently been applied to Child Protective Services Workers:**
  - The MIES Scores of the Los Angeles County & Minnesota Social Work cohorts suggest that the concept of Moral Injury **may be applicable to other non-military occupations**
  - Child Protective Services Workers in Minnesota and Los Angeles reported **Higher rates of Transgression by Others and comparable rates of Betrayal** as recently returned OIF/OEF Veterans
  - Moral Injury was highly **associated with intent to quit**, amongst CPS professionals in Minnesota (Haight et al, 2017)



# Principal Harm III: Measuring MI

MIES Factor	USAF (N = 151)	USANG (N = 935)	USMC (N = 1039)	MN CPS (N = 38)	LA DCFS (N = 28)
Transgression Self	Mean 3.7 (SD = 1.7)	Mean 4.9 (SD = 1.5)	Mean 3.7 (SD = 1.6)	Mean 2.7 (SD = 1.4)	Mean 2.8 (SD = 1.3)
Transgression Other	Mean 3.7 (SD = 1.7)	Mean 4.3 (SD = 1.7)	Mean 4.0 (SD = 1.7)	Mean 5.1 (SD = 1.0)	Mean 4.5 (SD = 1.7)
Betrayal	Mean 3.68 (SD = 1.7)	Mean 4.6 (SD = 1.6)	Mean 3.9 (SD = 1.7)	Mean 3.1 (SD = 1.2)	Mean 3.9 (SD = 1.3)



# Principal Harm III: Transgression by Self

- **Transgression of Self**
  - **Omission:** Failure to take an action resulting in the death or serious injury of another.
  - **Commission:** Actions taken, then regretted
  
- **Violating one's own Moral Code**

<https://www.youtube.com/watch?v=Pn4z7DjWbmc>



# Principal Harm III: Transgression by Others

- **Transgression of Others:**
  - **Omission:** Someone fails to take action that could have prevented the death or serious injury of another.
  - **Commission:** Someone takes an action, that violates your deeply held values or beliefs about right and wrong.
- **Failing to stop someone from violating your moral code**

[https://www.youtube.com/watch?v=f5rjp5\\_FOeo](https://www.youtube.com/watch?v=f5rjp5_FOeo)



# Principal Harm III: Betrayal

- **Betrayal**
  - **Omission:** A formerly trusted friend, leader or institution betrays you by failing to take action(s) which could have prevented a death or serious injury.
  - **Commission:** A formerly trusted friend, leader or organization betrays you by taking action(s) that result in the death or serious injury.
- **When formerly trusted leaders, colleagues, peers, institutions or organization turn on you or hang you out to dry.**
  - [https://www.youtube.com/watch?v=515\\_kdopx4k](https://www.youtube.com/watch?v=515_kdopx4k)



# Principal Harm III: Environmental Factors Associated with MI

## ■ Military Populations:

- **Difficulty in threat appraisal** in high stakes situations
  - Do we have this problem in Child Protective Services?
- **Persistent chaos & split second decision-making**
  - Do we have this problem in Child Protective Services?
- **Erratic or uncooperative behavior** by “civilians”
  - Do the families DCFS serves behave erratically?
  - Are families DCFS serve often uncooperative?



# Principal Harm III: Organizational Factors Associated with MI

- **Military Populations:**
  - **Overly restrictive rules of engagement**
    - Are CSWs constrained by unreasonable court orders?
  - **Incompetent, out of touch, or self-serving leadership**
    - Do CSWs occasionally feel like leadership is out of touch?
    - Do CSWs fear being blamed for a CF?
  - **Small units who feel vulnerable & lack accountability**
    - Do CSW & SCSWs feel like it is “Us” against the system?
      - LE: the thin blue line
      - Mil: rather be tried by 12 than buried by 6
      - Very Bad Things: What happens in Vegas stays in Vegas



# Principal Harm III: Cultural & Relational Factors in MI

- **Military Populations:**
  - **Group think (voicing opposition to the leader is risky)**
    - Are SCSWs & CSWs also subject to this them vs. us mentality?
  - **Dehumanization (using derogatory terms to justify killing, maltreatment or apathy)**
    - Do using, Perp, FASD, NMD or CSEC justify apathy?
  - **Formation of hateful attitudes towards “civilians”**
    - Do some CSWs develop contempt for the people they serve?



# Principal Harm III: A New Diagnostic Paradigm

- **Moral Injury is not recognized as a diagnosis in DSM-5**
  - PTSD Subtype or specifier vs. separate syndrome altogether?
- **Moral Injury is more Debilitating than PTSD.**
  - MI is more predictive of occupational/social impairment, addictions and self-destructive tendencies
- **Traditional EBTs for PTSD are often poorly tolerated and not as effective for those with Moral Injury**
  - The repeated imaginal exposures to one's own moral failure, may in fact exacerbate feelings of failure, worthlessness & shame
    - Thought to be a misapplication of the fear counter-conditioning model, to a memory that is not based on fear
      - MI memories are more likely to be connected with feelings of anger, rage, betrayal, disgust, shame, failure, impotence or self-loathing



# Principal Harm III: A New Treatment Paradigm

- **Two alternative treatment approaches have been developed to treat military members with MI, Adaptive Disclosure (AD) and Impact of Killing (IOK):**
  - Both AD & IOK involve letter writing (often never to be sent) to those who have been harmed
  - Both include “Empty-chair” role play interactions with the deceased or a “Higher Power”
  - Both work toward acceptance of one’s capacity for good and evil
    - Emphasis is placed on will and choice
  - Both involve examining and reembracing one moral code
  - Both involved a recommitment to living a moral life in the future



# Impact of Moral Injury

- **When your Moral Compass has been spun you can:**
  - End up feeling utterly lost, rudderless
  - Become bitter, pessimistic, cynical
  - Become hopeless, no longer caring whether you live or die
  - End up relying on substances to dull the pain & drown the confusion
  
- **Moral Injury can also result in a loss of faith in your:**
  - Leaders
  - Colleagues
  - Mission
  - Organization
  - Profession
  - Self
  - “Higher Power”



# Moral Injury & Cognitive Dissonance

- **MI threatens one's assumptions about one's self, others and the world, resulting in Alienation:**
  - Alienation from others (**I can't believe someone could do that**)
  - Alienation from self (**I can't believe I could do something like that**)
  - Alteration is one's Worldview (**I can't believe this is how the world is**)
- **Recovery will require Schema revision**
  - Modification of your anthropology (theory of human nature)
    - **Innately evil** (Freud, Klein & Psychodynamic approaches)
    - **Innately good** (Rogers, Maslow & Humanistic approaches)
    - **Neither** good nor evil, merely learned (Skinner, Bandura & Cognitive Behavioral approaches)
    - **Both** innately good and evil (Jung, May, Frankl & Existential Psychology)



# Making Meaning & Moral Injury

- **Purpose in remembering (honoring the dead)**
  - To have that life (lives) lost count for something
  - To live more fully on behalf of the deceased (to earn it)
  
- **Acceptance (genuine guilt & remorse)**
  - Your own failure/human frailty
  - Your own capacity for evil
  - Your own capacity to goodness
  - The acts of kindness & generosity of others
  
- **Paying it forward (penance & redemption)**
  - By alleviating the unnecessary suffering of others
  - Learning to appreciate one's opportunities/advantages
  - Learning that love/connectedness is the only thing that makes the suffering of this life worth enduring



# Trauma Informed Algorithms

- **1<sup>st</sup> consider the Principal Harm!**
  - **If Traumatic Loss (Harm I) is prominent -> Psych 1<sup>st</sup> Aide & baseline screening -> augment social support -> rescreen after 30 days -> treat using grief group (pastoral counseling or traditional psychotherapies).**
  - **Rescreen after 12 weeks, if still positive -> reconsider for possible Moral Injury or other diagnostic categories**



# Trauma Informed Algorithms

- **1<sup>st</sup> consider the Principal Harm!**
  - **If Danger Exposure (Harm II) is prominent** -> Psych 1<sup>st</sup> Aide & baseline screening -> treat ASD (Bryant's 5 session protocol) -> rescreen and if positive for PTSD after 30-45 days -> clinical trial of 16 week CPT-> rescreen after completion of CPT
  - **If still positive for PTSD after CPT**-> trial of SSRI or SSNRI rescreen after 6 months-> if still positive for PTSD -> **alternate EBT** (PE or EMDR) -> reevaluate after 8 weeks, if still positive -> reconsider for possible Moral Injury or other diagnostic categories



# Trauma Informed Algorithms

- **1<sup>st</sup> consider the Principal Harm!**
  - **With a Military population, If Moral Injury (Harm III) is prominent** -> Psych 1<sup>st</sup> Aide & baseline screening -> Adaptive Disclosure or IOK-> rescreen after 8 weeks.
  - **If still positive for PTSD & MI at rescreening** -> trial of SSRI or SSNRI -> CBT-I (for insomnia)-> trial of meds for chronic insomnia (Lunesta, Sonata) -> consider other diagnostic categories.



# Conclusions

- **Currently there are no EBT for Moral Injury with a non-military population.**
  - EBT for PTSD may be counter-therapeutic and exacerbate MI
  - So what should we do when we recognize MI?
- **Principals of Adaptive Disclosure or Impact of Killing might be effectively applied, as the foci of treatment should be on:**
  - Acceptance of personal responsibility and genuine guilt
  - Forgiveness of self/others for the harm caused
  - Effort to make amends for the harm caused



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