Moral Injury:
Diagnosis and Treatment of a New Syndrome

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Overview

1. Moral injury and religion: the connection

2. Definitions of moral injury: The moral injury spectrum

3. Dimensions of moral injury

4. Tools/assessments for identifying moral injury

5. Prevalence of moral injury

6. Risk factors for moral injury

7. Secular and religious/spiritual treatments for moral injury

Moral Injury and Religion

Genesis 3:8-11

"And they heard the voice of the LORD God walking in the garden in the cool of the day: and Adam and his wife hid themselves from the presence of the LORD God amongst the trees of the garden. And the LORD God called unto Adam, and said unto him, 'Where art thou?' And he said, 'I heard thy voice in the garden, and I was afraid, because I was naked; and **I hid myself**.' And he said, 'Who told thee that thou wast naked? Hast thou eaten of the tree, whereof I commanded thee that thou shouldest not eat?' "

Shame is one of the first emotions mentioned in the Bible. In the Garden of Eden, Adam and Eve never felt shame even though they were naked. But after the Fall, shame became constant and unavoidable. It is experienced hundreds of times by major and minor biblical characters and sometimes collectively by entire peoples.

The wages of sin [moral transgressions] **is death** (Romans 6:23)

The fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control (Galatians 5:22-23)

The goal of rehabilitation from moral injury following severe trauma is to allow the person to consistently experience the "fruit of the spirit," regardless of religious belief or lack of belief

Definition of Moral Injury

Moral Injury

According to Litz et al. (2009) “moral injury involves an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness…” (i.e., inner conflict over transgression of moral values). Refers to acts of commission (or omission when action is needed).

MI includes:
(a) acts of commission or omission, as above (“agenic” actions)
(b) witnessing others transgress moral values or fail to act when necessary (“non-agenic” acts)
(c) being directly affected by or victimized by someone else's actions, including acts of betrayal by those in authority such as military leaders, institutions (hospital administration), and parents or clergy (in cases of abuse) (“non-agenic” acts)

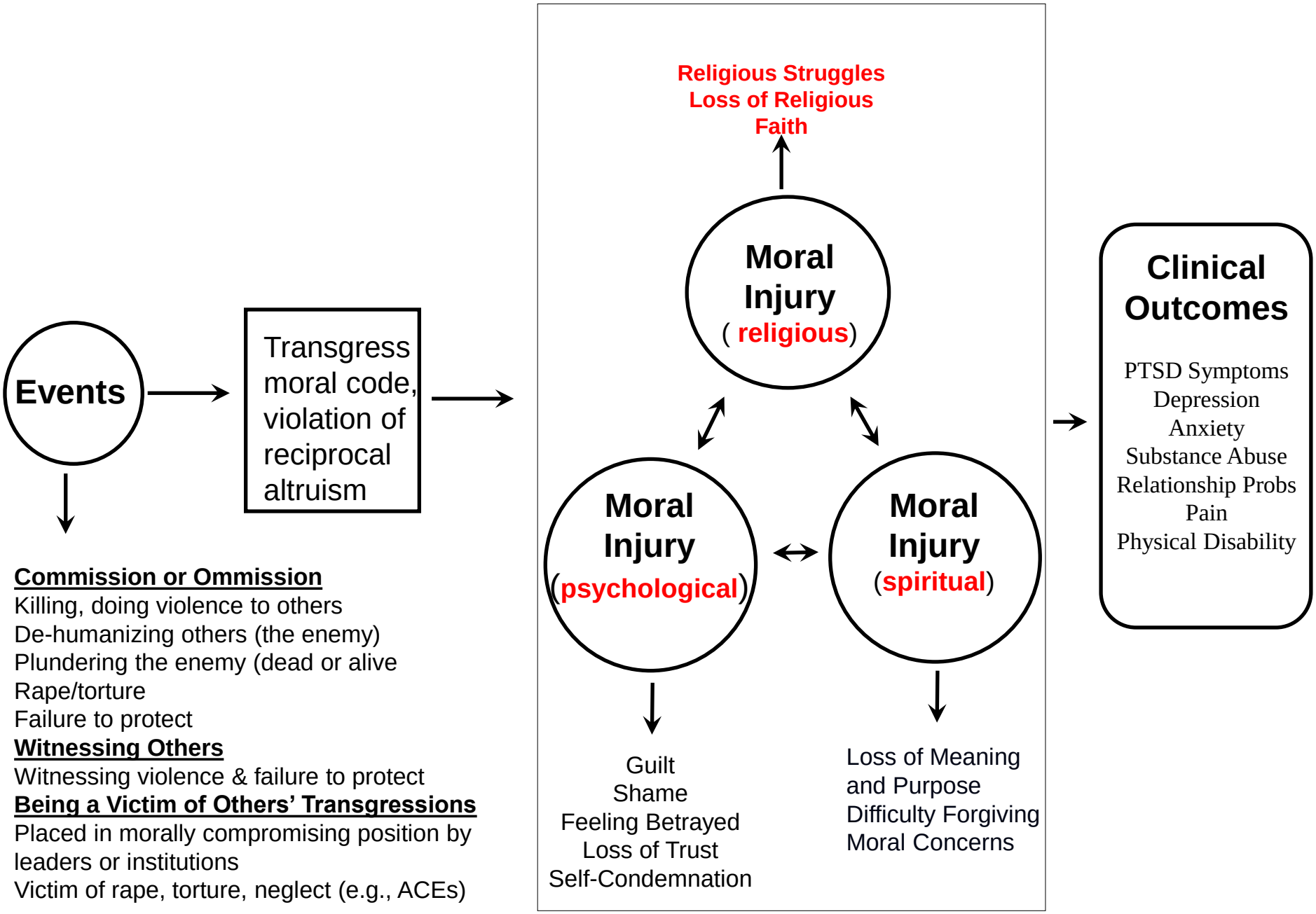
Moral Injury

Moral injury is a relatively new syndrome recognized within the mental health field that often occurs in military settings especially during severe trauma, such as PTSD (MI is distinct & separate from PTSD)

MI also often occurs in:

- first responders, i.e., police, firemen, or emergency medical personnel
- civilians experiencing severe trauma (rape, assault, abortion, etc.)
- healthcare professionals (often the cause of burnout)
- clergy

Moral Injury has psychological, spiritual, and religious dimensions


Events
Transgress moral code, violation of reciprocal altruism
Commission or Ommission
Killing, doing violence to others
De-humanizing others (the enemy)
Plundering the enemy (dead or alive
Rape/torture
Failure to protect
Witnessing Others
Witnessing violence & failure to protect
Being a Victim of Others' Transgressions
Placed in morally compromising position by leaders or institutions
Victim of rape, torture, neglect (e.g., ACEs)
Religious Struggles
Loss of Religious Faith
Moral Injury (religious)
Moral Injury (psychological)
Moral Injury (spiritual)
Guilt
Shame
Feeling Betrayed
Loss of Trust
Self-Condemnation
Loss of Meaning and Purpose
Difficulty Forgiving
Moral Concerns
Clinical Outcomes
PTSD Symptoms
Depression
Anxiety
Substance Abuse
Relationship Probs
Pain
Physical Disability

The Moral Trauma Spectrum

(Will unpack these in following slides)

Moral dilemma

Moral distress

Moral injury

Moral injury disorder

Z-code in DSM-5-TR (*Other Conditions that May Be a Focus of Clinical Attention*) has now been changed (12/24) from "Religious or Spiritual problem" to "Religious, Spiritual, or Moral Problem"

"Moral problems include experiences that disrupt one's understanding of right and wrong, or sense of goodness of oneself, others or institutions" (DSM-5-TR committee)

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

Morally Traumatic **Experience**
(e.g., potentially morally injurious event, or PMIE)

"Personal experience that disrupts or threatens: (a) one's sense of the goodness of oneself, of others, of institutions, or of what are understood to be higher powers, or (b) one's beliefs or intuitions about right and wrong, or good and evil"

The morally traumatic experience is the origin of the ensuing moral distress (symptoms), which if persistent, constitutes moral injury.

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

Moral Dilemma
(Moral Uncertainty or Moral Conflict)

"Moral dilemmas exist when either no answer, or more than one answer, seems morally defensible, leading to inevitable ambiguity (Kvalnes, 2019). Making a moral judgment, which is a required component of 'moral distress'…, cannot be made in cases of moral dilemmas, uncertainties, or conflicts because of this ambiguity."

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

Moral Distress

"Distress that arises because personal experience disrupts or threatens: (a) one's sense of the goodness of oneself, of others, of institutions, or of what are understood to be higher powers, or (b) one's beliefs or intuitions about right and wrong, or good and evil."

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

Moral Injury

"Persistent distress that arises from a personal experience that disrupts or threatens: (a) one's sense of the goodness of oneself, of others, of institutions, or of what are understood to be higher powers, or (b) one's beliefs or intuitions about right and wrong, or good and evil."

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

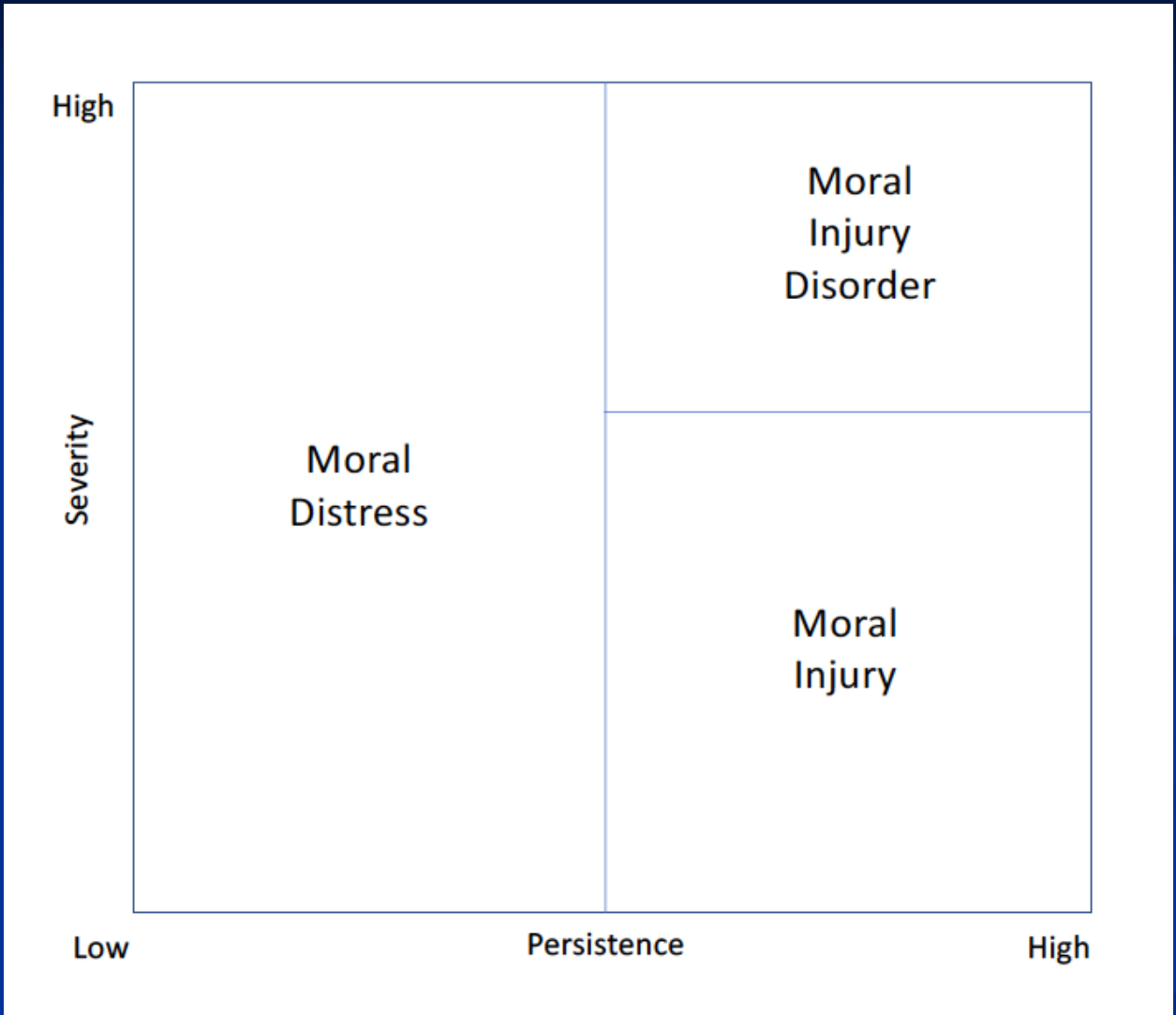
Moral Injury Disorder

"Persistent distress that arises because personal experience disrupts or threatens: (a) one's sense of the goodness of oneself, of others, of institutions, or of what are understood to be higher powers, or (b) one's beliefs or intuitions about right and wrong, or good and evil, so as to cause impairment in social, occupational, or other important areas of functioning in ways that are out of proportion or inconsistent with cultural or religious norms concerning such experiences."

It is severity of impairment that distinguishes "moral injury disorder" from less severe forms of "moral injury"

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Moral Trauma Spectrum in Terms of **Persistence** and **Severity**



Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Proposed Definitions

Moral Injury Disorder

(continued)

Moral injury disorder, at the extreme pole of moral trauma and involving considerable **functional impairment**, would arguably constitute grounds for clinical care or counseling. However, even moral distress or injury which does not reach the level of "disorder", might also often warrant clinical care or counseling. Furthermore, as indicated in the **Figure**, moral distress itself, even if it is not persistent, can nevertheless be severe, thereby warranting clinical care or counseling.

Source: VanderWeele, T. J., Wortham, J. S., Carey, L. B., … & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments. Frontiers in Psychology, *16*, 1422441.

Assessment of Moral Injury

(best tools for identifying moral injury)

See pp 46-54, **Moral Injury: A Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

Scales to Assess MI

Events and Symptoms

- 9-itrm Moral Injury Events Scale (MIES, Nash)
- 19-item Moral Injury Questionnaire (MIQ-Q) (Currier)
- 20-item Moral Injury Assessment for Survivors of Abuse
- 17-item Moral Injury Assessment for Public Safety Personnel

Symptoms only

- 45-item Moral Injury Symptom Scale-Military Version (MISS-M)
- 10-item MISS-M-SF (**military** version)
- 10-item MISS-C (**civilian** version)
- 10-item MISS-HP (**healthcare** professional version)
- 17-item Expressions of Moral Injury Scale (EMIS-M) (Currier)
- 4-item EMIS-M-SF (Currier)
- 14-item Moral Injury Outcome Scale (MIOS) (Litz)
- 18-item Moral Injury and Distress Scale (MIDS) (Norman et al. military veterans, healthcare workers, and first responders)

Moral Injury Symptom Scale – Civilian Version – Short Form (MISS-C-SF)©

Instructions: Reflecting on a period of severe trauma or stress in your life, please circle the number that most accurately indicates how you are feeling now:

1. **I feel betrayed by those who I once trusted.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

2. **I feel guilt over failing to save someone from being seriously injured or killed.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

3. **I feel ashamed about what I did or did not do during this time.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

4. **I am troubled by having acted in ways that violated my own morals or values.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Mildly disagree		Neutral		Mildly agree			Strongly agree

5. **Most people are trustworthy.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

6. **I have a good sense of what makes my life meaningful.**

1	2	3	4	5	6	7	8	9	10
Absolutely untrue	Mostly untrue		Somewhat untrue	Can't say true or false		Somewhat true	Mostly true		Absolutely true

7. **I have forgiven myself for what happened to me or others during that time.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

8. **All in all, I am inclined to feel that I am a failure.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral		Agree			Strongly agree

9. **I wonder what I did for God to punish me.**

1	2	3	4	5	6	7	8	9	10
A great deal (very true)		Quite a bit				Somewhat			Not at all (very untrue)

10. ***Compared to before* you went through this traumatic experience, has your religious faith since then...**

1	2	3	4	5	6	7	8	9	10
Weakened a lot		Weakened a little			Strengthened a little				Strengthened a lot

Do the feelings you indicated above cause you significant distress or impair your ability to function in relationships, at work, or other areas of life important to you? (check one of the following):[1]

☐ Not at All ☐ Mild ☐ Moderate ☐ Very Much ☐ Extremely

[1] In other words, "If you indicated any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"

Prevalence and Risk Factors

See pp 55-64, **Moral Injury: A Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Prevalence

- Over 90% of 373 U.S. Veterans reported high levels (9 or 10 on 1-10 severity scale) of at least one MI symptom, and 59% reported 5 or more symptoms based on 45-item MISS-M-LF

- Over 80% of 103 active-duty military reported high levels (9 or 10) of at least one MI symptom, and 52% had 4 or more such symptoms based on 45-item MISS-M-LF

Koenig, H. G., Youssef, N. A., Ames, D., Oliver, J. P., Teng, E. J., Haynes, K., ... & Pearce, M. (2018). Moral injury and religiosity in US veterans with posttraumatic stress disorder symptoms. Journal of Nervous and Mental Disease, *206*(5), 325-331

Volk, F., & Koenig, H. G. (2019). Moral injury and religiosity in active-duty US Military with PTSD symptoms. Military Behavioral Health, *7*(1), 64-72.

Risk Factors in Veterans/Active-Duty Military

- younger age (Koenig et al., 2018c; Volk & Koenig, 2019)
- White race (Wisco et al., 2017; Koenig et al., 2018c)
- lower education (Volk & Koenig, 2019; Wisco et al., 2017)
- less income, more likely to be unemployed (Wisco et al., 2017)
- low social support or poor quality of relationships (Nash et al., 2013; Currier et al., 2015, 2018; Koenig et al., 2018b; Volk & Koenig, 2019; Griffin et al., 2019; Litz et al., 2022)
- less community involvement (Koenig et al., 2018b)
- lower religiosity (particularly among those with PTSD symptoms) (Koenig et al., 2018c)
- greater combat exposure or aftermath violence (Wisco et al., 2017; Currier et al., 2018)
- multiple deployments (Wisco et al., 2017)
- greater physical disability and chronic pain (Koenig et al., 2018a,b)
- lower levels of hope or gratitude (Currier et al., 2018)
- alcohol and drug misuse or abuse (Currier et al., 2018; Nieuwsma et al., 2021; Griffin et al., 2019)
- branch of service (Army; Wisco et al., 2017)

continued…

Risk Factors (cont.)

- Pre-existing personality is another factor that must be considered, although few if any studies have examined the relationship between personality and MI.

- Personality is based on a combination of genetic factors and developmental or childhood experiences:

  tenderhearted, emotionally sensitive, and morally conscientious personality

  vs.

  antisocial or psychopathic personality

- Prior life trauma -- particularly as a result of adverse childhood experiences (ACEs) -- also likely plays a role in the development and persistence of MI

continued…

Risk Factors (cont.)

- **High religious standards/morals/values increase risk (?)**

The person with high moral values may find it easy to transgress them and experience the consequences

The person with no or few moral standards may at least initially be better off

However, since religions have ways of addressing MI, the person with high moral standards may in the long run be better off

Secular Treatments for Moral Injury

Secular Treatments for the Non-Religious

- Adaptive Disclosure (AD) (Brett Litz)
- Acceptance and Commitment Therapy (Jason Nieuwsma)
- Cognitive Behavioral Therapy (Shira Maguen)
- Cognitive Processing Therapy (Patricia Resick)
- Prolonged Exposure (Lisa Paul)
- Healing Through Forgiveness (Charles Grimsley)
- Stoic Philosophy (Ryan Holiday)

Adaptive Disclosure Therapy

1. Begin by an assessment of current functioning, changes from previous functioning, areas of desired change, the moral transgression (MT), and impact on life

2. Consider the how MT has impacted themes of shame (e.g., one's reaction to a life-threatening situation), existential fear (e.g., feelings of vulnerability related to brush with mortality), and/or loss (loss of prior identities or sense of humanity).

(3) Buddhist-based secular mindfulness (Loving Kindness Meditation)

(4) Exposure to MT memories (in-session exposure and processing)

(5) Homework assignments such as letter-writing and engagement in "reparative or prosocial actions"

See pp 126-129, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Acceptance and Commitment Therapy

ACT involves six core therapeutic processes:

1. Clarification: morals and values are clarified
2. Committed action: values lived by committed action; identify those actions necessary to live life by one's values
3. Acceptance: experience and accept difficult emotions, thoughts, sensations, and memories related to MT
4. Defusion: help person separate their thoughts from themselves (identity)
5. Present moment focus: learn to not live in past or future, but focus on what is going on right now in the present (heavy emphasis on MM)
6. Self-as-context: realize sense of self is the "place" where experiences occur; taught to be observer of experiences rather than identifying with them

See pp 130-133, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Cognitive Behavioral Therapy

CBT approaches include (1) Mode and (2) Impact of Killing in War :

1. Mode emphasizes predispositions, activating events, and acute modes (thoughts and behaviors) that influence the development and maintenance of MI; emphasize that automatic thoughts precede emotions and behaviors, which reinforce those thoughts

2. Impact of Killing in War (IOKW) seeks to help individuals forgive themselves and make amends for their actions. Cognitive restructuring is used to identify and challenge dysfunctional beliefs that are causing the person to inappropriately or disproportionately take on responsibility for the death of others. Acceptance and grief work are components of this therapy.

See pp 133-134, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Cognitive Processing Therapy

1. CPT involves a combination of PE and CBT that focuses on processing negative thoughts related to the MI by identifying and challenging maladaptive negative thoughts and replacing them with more adaptive and functional thoughts. One of the main goals of CPT is to identify "stuck points" that prevent individuals from moving beyond memories related to guilt, shame, unforgiveness, etcetera, to allow for healing to take place.

2. The latest version of the CPT manual pays specific attention to addressing symptoms of MI including guilt over transgressions, difficulty forgiving self and others, condemning self, and resolving religious and spiritual struggles

3. Spiritually-integrated CPT (SICPT) is based on this framework (discussed later)

See pp 134-135, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Prolonged Exposure

PE focuses on imaginal exposure and then in-vivo exposure to the event (i.e., the perpetration of the MT, observation of MT perpetrated by others, or being a victim of the perpetration).

PE involves repeatedly exposing the SM to their memories of the MT by imagining it, and later, to real life situations in the field that simulate the original MT (with support from the therapist).

Repeated exposure to such memories results in habituation so that they no longer evoke physiological reactions and psychological distress.

This is also how PE is used to treat PTSD.

See pp 135-136, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Healing through Forgiveness

This 12-session treatment includes the following:

(1) introduction and overview
(2) remembering how to remember
(3) discussion of conscious and unconscious aspects of MI
(4) focus on guilt
(5) focus on shame
(6) the role of the subconscious in MI
(7) emphasis on forgiveness, fear, and anger
(8) involvement of the spouse and other key family members
(9) continued discussion about MI with the family
(10) discussion of lessons learned from MI
(11) review of traumatization exercises, and
(12) further examination of the discipline of forgiveness

See pp 136-137, **A Moral Injury: Handbook for Military Chaplains**
https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

Stoic Philosophy

(not an intervention, but more of a worldview conducive to the prevention of MI)

(acknowledge Hazel Atuel, Ph.D., & Carl Castro, Ph.D., University of Southern California, for this content)

See pp 84-90, **Spiritual Readiness: Essentials for Military Leaders and Chaplains**
https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB/

Spiritual/Religious Approaches

(largely applicable to those with some level of Faith)

Simply put,
those with Faith have
an Advantage over those without Faith

This because Faith is a resource that affects every dimension of MI, helping to prevent MI and helping those with MI to recover from it.

(this in no way excludes those without faith or those without belief in God, for whom secular treatments and protective philosophies exist and should be used; see

Koenig (2024). Spiritual Readiness: A Survival Guide for the **Non-Believer**.
(https://www.amazon.com/Spiritual-Readiness-Survival-Guide-Non-Believer/dp/B0CTC27JNF/)

Spiritually-Integrated Cognitive Processing Therapy (SICPT)

See pp 138-145, **A Moral Injury: Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

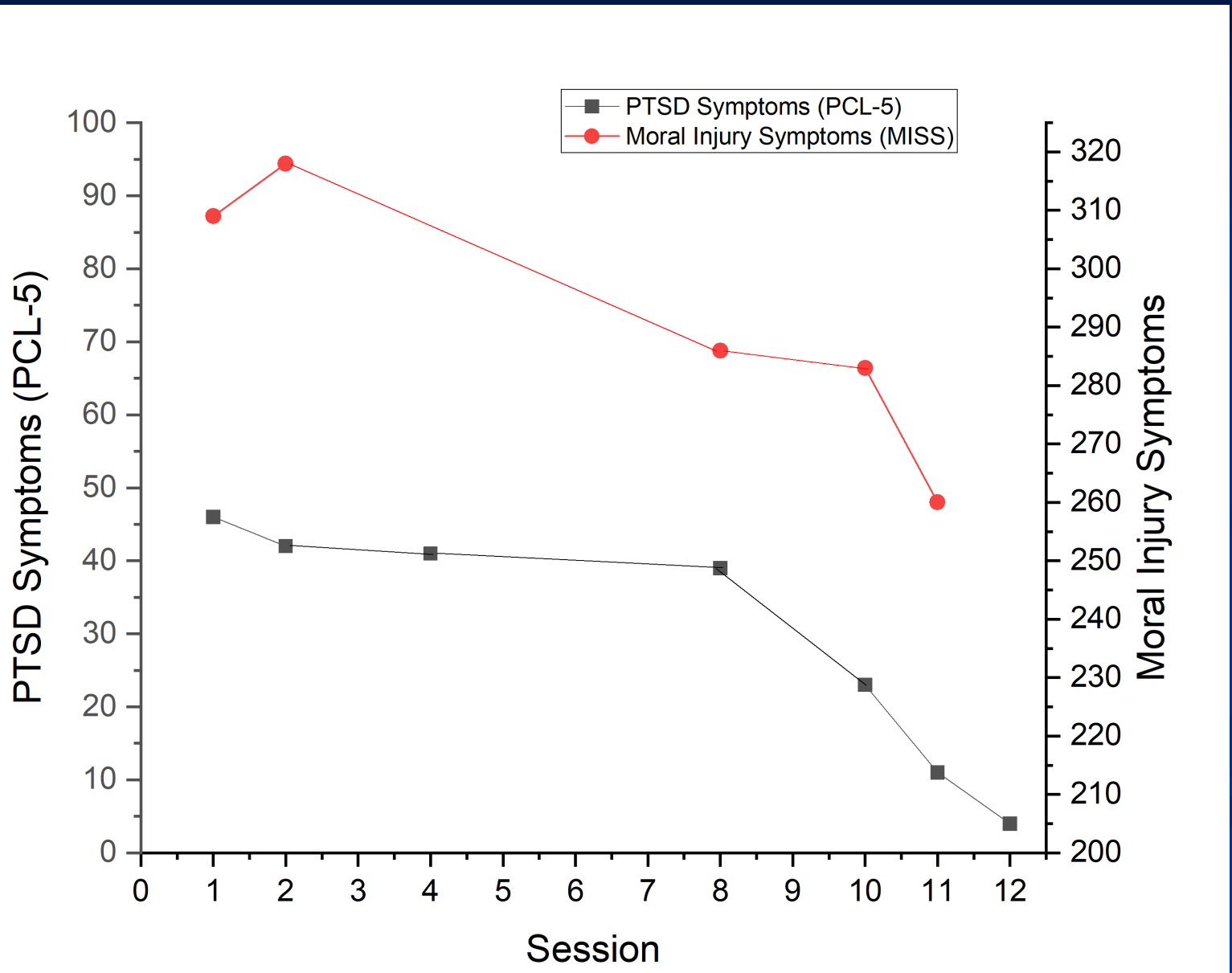
Spiritually-Integrated CPT

- A manual-based structured psychotherapeutic intervention for Moral Injury in those experiencing severe trauma
- A 12-session one-on-one individual treatment delivered over 6-12 weeks
- SICPT is a spiritual/religiously-integrated intervention using a CPT (Cognitive Processing Therapy) Framework
- **Several versions:** broad "spiritual" version, plus religiously-integrated versions: Christian, Jewish, Muslim, Hindu, Buddhist
- Typically for counselors/psychologists licensed in the state to practice

Pearce, M., Haynes, K., Rivera, N. R., & Koenig, H. G. (2018). Spiritually integrated cognitive processing therapy: a new treatment for post-traumatic stress disorder that targets moral injury. Global Advances in Health and Medicine, *7*, https://journals.sagepub.com/doi/full/10.1177/2164956118759939

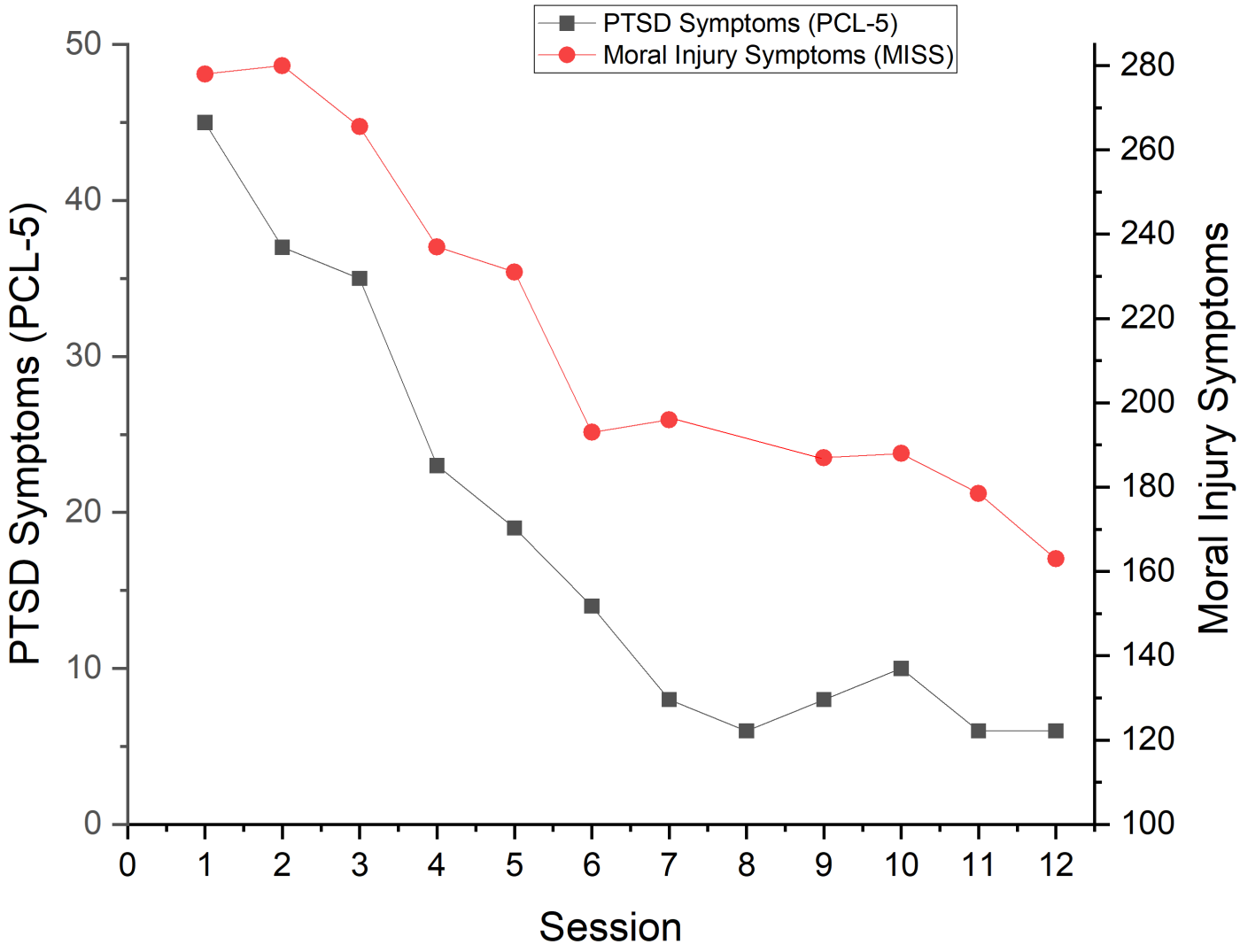
SICPT in 26-year-old Black female Civilian with PTSD & MI

[O'Garo & Koenig (2023). Journal of Nervous & Mental Disease 211(9), 656-663]



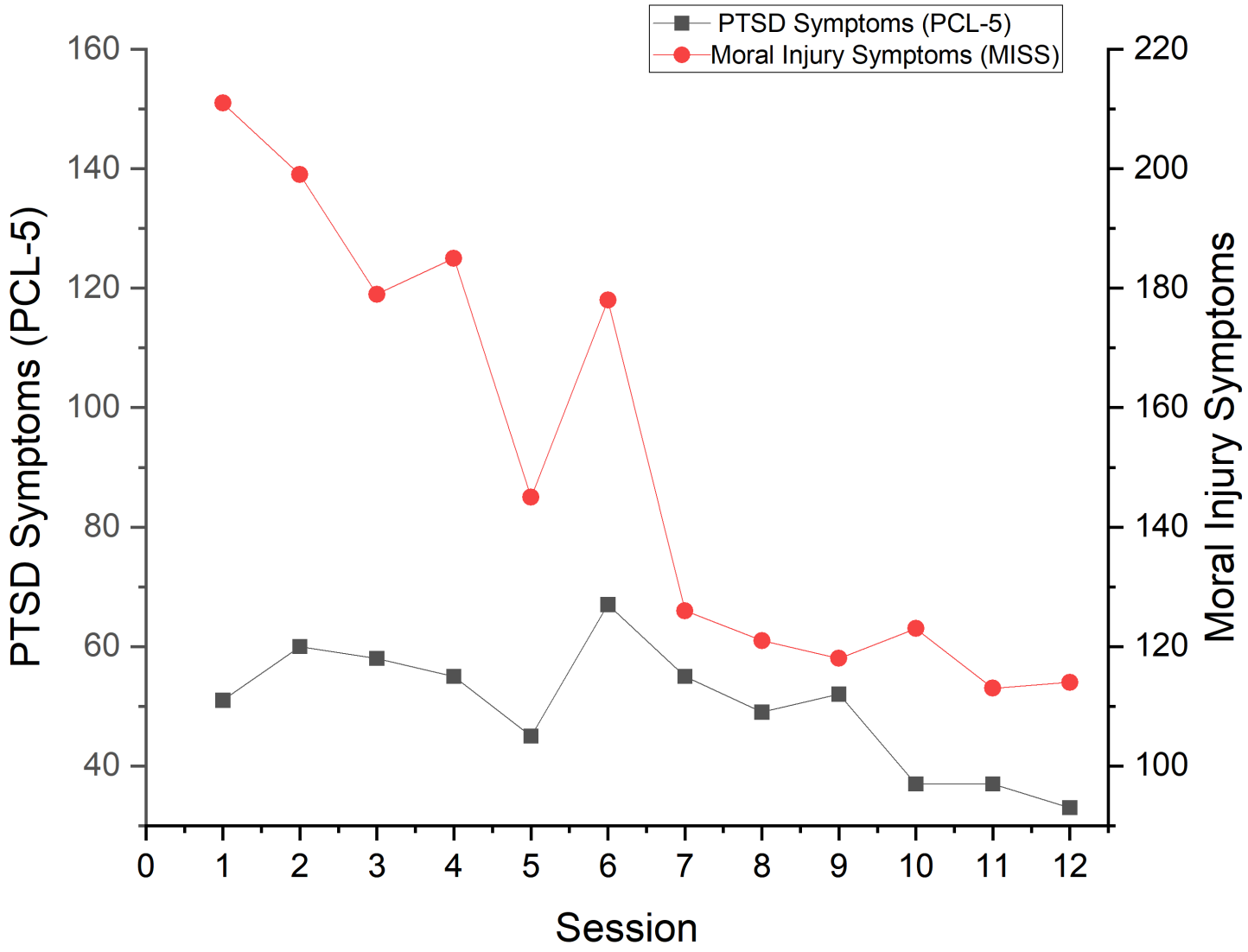
SICPT in 61-year-old White female Veteran with PTSD & MI

[O'Garo & Koenig (2023). Journal of Nervous & Mental Disease 211(9), 656-663]



SICPT in 31-year-old White male Veteran with PTSD & MI

[O'Garo & Koenig (2023). Journal of Nervous & Mental Disease 211(9), 656-663]



Therapist Manuals and Patient Workbooks

Spiritually-Integrated Cognitive Processing Therapy

- SICPT Manual
- Therapist workbook, with religion-specific modules
- Patient workbooks

Contact: michelle.pearce@umaryland.edu

Counselors (LPC) may use SICPT or Elements of SICPT in their Treatment of Those with MI

Chaplain/Clergy Interventions for MI

- (1) **Building Spiritual Strength** (Irene Harris, Minneapolis VA)
- (2) **Pastoral Narrative Disclosure** (PND) (Carey & Hodgson)
- (3) **Religion-Specific Structured Pastoral Care** (SPC) (Christian, Jewish, Muslim, Hindu, Buddhist)

See pp 146-284, **A Moral Injury: Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

1. Building Spiritual Strengths

BSS is a manual-based *group therapy* intervention for PTSD (which also addresses MI) delivered in faith community settings.

BSS can be administered by either a behavioral health specialist (counselor, psychologist, or social worker) with training in spiritually-integrated care, and/or by a chaplain/clergyperson with mental health training or clinical pastoral education (CPE), or better still, by both professionals working together.

BSS consists of eight 2-hour group sessions held once a week.

See pp 146-152, **A Moral Injury: Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

2. Pastoral Narrative Disclosure

PND is a chaplain-specific intervention strategy for addressing inner conflicts resulting from moral transgressions experienced by current SMs or Veterans. Developed for Australian Defense Forces (Lindsay Carey)

The first and primary strategy of PND, which has been practiced for centuries, is the confessional model for the treatment of moral concerns of warriors returning from battle. The second strategy is "Adaptive Disclosure" (AD), a secular therapy discussed earlier

PND consists of 8 individual one-on-one treatment sessions, typically delivered once per week

See pp 153-173, **A Moral Injury: Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

3. Structured Pastoral Care

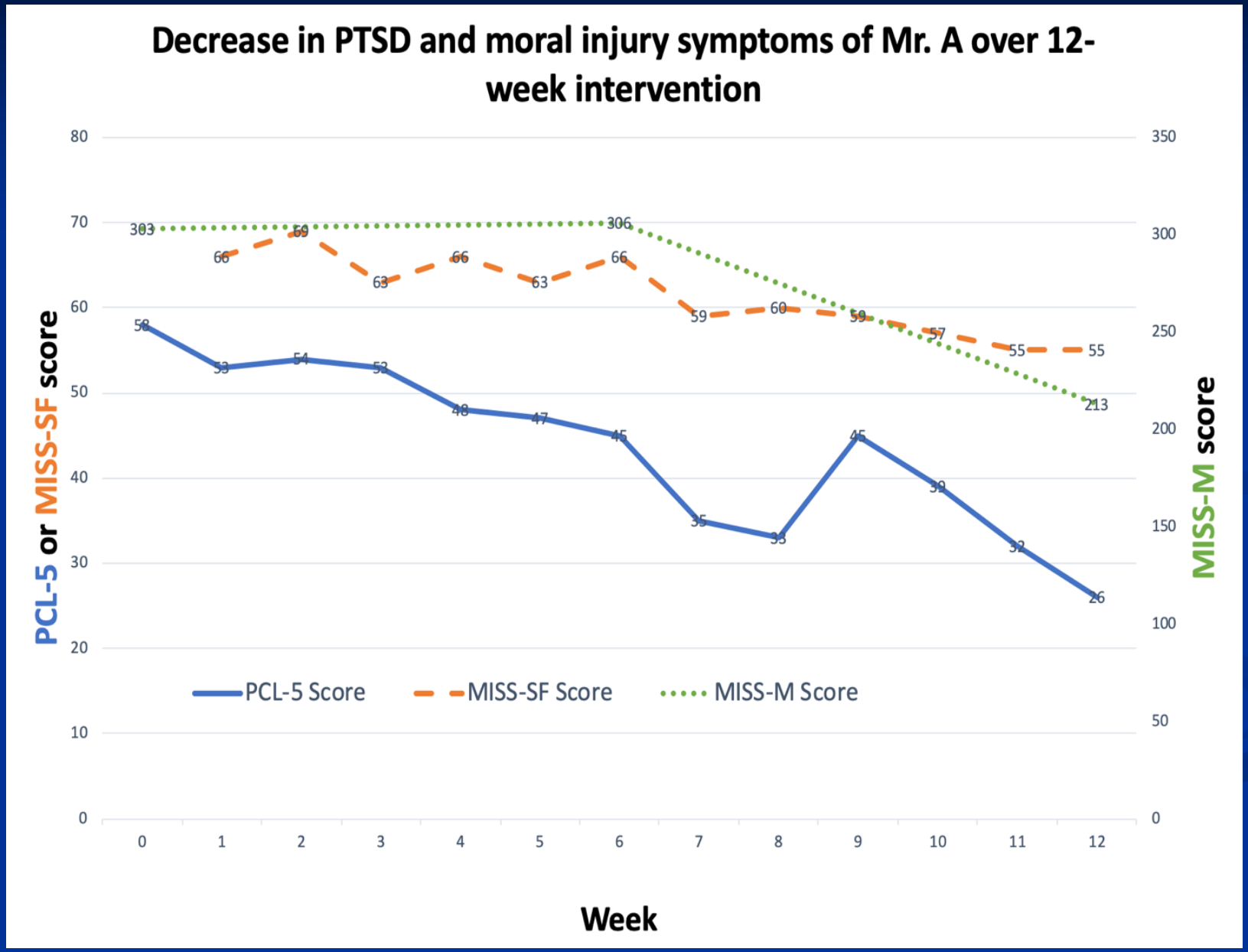
SPC is a structured, manualized pastoral care intervention designed to treat active-duty SMs and Veterans with MI in the setting of severe trauma. It can also be **easily modified into a group education program to prevent MI**.

SPC is a one-on-one intervention that is administered in twelve 50-minute sessions once or twice per week over a 6- to 12-week period.

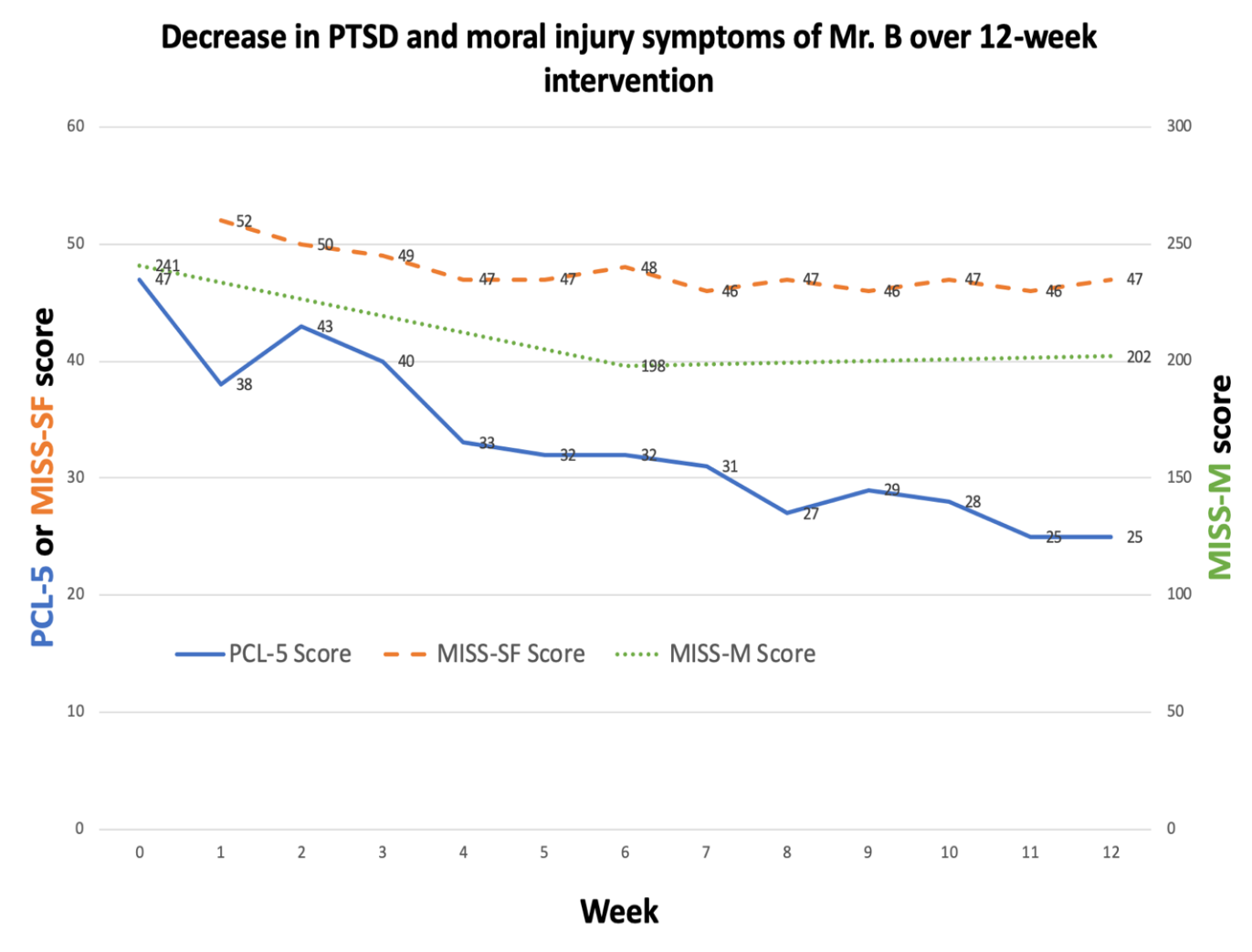
SPC is religion-specific, and comes in Christian, Jewish, Muslim, Hindu, and Buddhist formats.

See pp 174-192, **A Moral Injury: Handbook for Military Chaplains** (https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/)

CASE REPORT #1



CASE REPORT #2



Ames, D., Erickson, Z., Geise, C., Tiwari, S., Sakhno, S., Sones, A. C., ... & Koenig, H. G. (2021). Treatment of moral injury in US veterans with PTSD using a structured chaplain intervention. Journal of Religion and Health, *60*, 3052-3060.

Further Resources

Monthly FREE e-Newsletter

CROSSROADS…
Exploring Research on Religion, Spirituality & Health

- Summarizes latest research
- Latest news
- Resources
- Events (lectures and conferences)
- Funding opportunities

To sign up, go to website: http://www.spiritualityandhealth.duke.edu/

Moral Injury

A Handbook for Military Chaplains

https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/

($0.99 on Kindle, $8.42 paperback)

Harold G. Koenig, M.D.
Lindsay B. Carey, Ph.D.
Jennifer Wortham, Dr.PH.

Moral Injury Workshop

October 11, 2025, online by Zoom

Single day intensive workshop designed specifically for chaplains (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students (undergraduate, graduate, etc.), and anyone else interested in the topic of MORAL INJURY. Given increased interest in MI (the internal emotional turmoil experienced as a result of transgressing moral values), we will be holding an 8-hour online workshop on MI via Zoom on **Saturday, October 11, 2025**. For information on how to register, contact Harold.Koenig@duke.edu.

SCHEDULE

8:45-9:00	Introduction
9:00-9:30	Definition of Moral Injury
9:30-9:45	PTSD and overlap with MI
9:45-10:00	Identifying MI
10:30-11:00	Prevalence and causes of MI
11:00-11:30	Consequences of MI (vs. comorbidity)
11:30-11:45	Suicide from MI
1:00-1:30	Protective factors
1:30-1:45	Prevention of MI
2:00-2:15	Person-centered treatment of MI
2:15-2:45	Secular treatments for the non-religious
3:15-3:30	Spiritually-integrated cognitive processing therapy (SICPT) for MI
3:30-4:00	Chaplain interventions for MI (Building Spiritual Strengths, PND)
4:00-4:45	Structured chaplain interventions (Christian, Jewish, Muslim, Buddhist, Hindu)
5:00	Adjourn

Welcome

The Center was founded in 1998, and is focused on conducting research, training others to conduct research, and promoting scholarly field-building activities related to religion, spirituality, and health. The Center serves as a clearinghouse for information on this topic, and seeks to support and encourage dialogue between researchers, clinicians, theologians, clergy, and others interested in the intersection.

Our Mission

- Conduct research on religion, spirituality and health
- Train those wishing to do research on this topic
- Interpret the research for clinical and societal applications
- Explore the meaning of the research for pastors and theologians
- Discuss how theological input can advance the research

Support the Center

Upcoming Events

19th Annual 5-day Spirituality and Health Research Workshop (August 14-18, 2023)

NEW full scholarships to attend above workshop (for those in developing countries)

20th Annual David B. Larson Lecture at Duke

Monthly Research Seminars

Recent News

Spiritual Readiness: Essentials for Military Leaders and Chaplains (new)

Religion and Mental Health Review

Resources on Moral Injury

Special Issue on Moral Injury in *Frontiers in Psychiatry*

2017 Mental Health and Religion Book Series

Health and Well-being in Islamic Societies

Latest Research on Spirituality and Health at

Q&A