

The Zoom Interface

The screenshot shows a Zoom Webinar window with the following elements and callouts:

- Header:** "Zoom Webinar", "You are viewing David Terry's screen", "View Options", "Click here to maximize your session view", and "Enter Full Screen".
- Main Content:** "TTC Technology Transfer Centers", "Funded by Substance Abuse and Mental Health Services Administration", "Thank you for joining us today!", and "You will not be on video during today's session".
- Audio Settings:** A dropdown menu with options: "Select a Speaker", "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...". Callout: "Click Here to adjust your audio settings".
- Q&A Window:** A "Question and Answer" window with tabs for "All questions (1)" and "My questions (1)". It contains a test question and a text input field. Callouts explain: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." and "You can switch between questions you've asked and those asked by others using these buttons.".
- Zoom Webinar Chat:** A chat window on the right with callouts: "The chat feature will allow you to talk with other people in today's webinar.", "The To field will tell you who will receive your message. Be mindful of who you are chatting to.", and "To: All panelists". A note at the bottom states: "Your text can only be seen by panelists".
- Bottom Bar:** "Audio Settings", "Click Here to adjust your audio settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and "Leave".

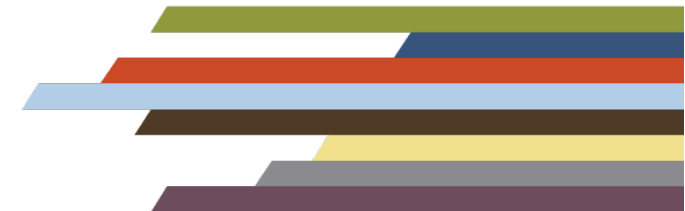
**All attendees are muted. Today's session will be recorded.
A link to the presentation slides and a recording of the webinar will be emailed.
Certificates of Attendance will be emailed.**



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Moral Injury Through the Lens of Diversity and Equity

Rita Nakashima Brock, Ph.D.



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About Us ...

The Northeast and Caribbean MHTTC provides 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to work with school teachers and staff to address student mental health.

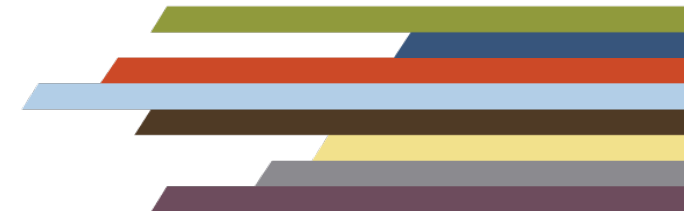


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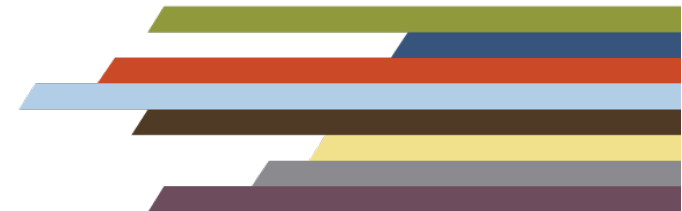
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We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. Therefore, your feedback counts!

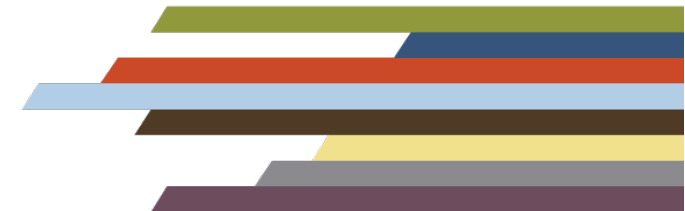


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Video Recording Information

Please Note:

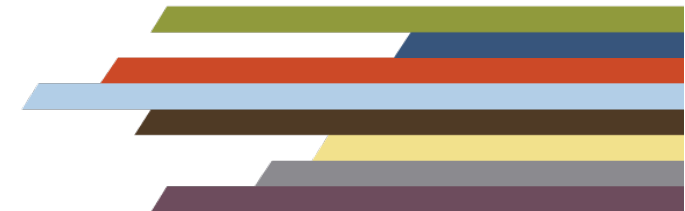
We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.



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Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Be aware: your question is visible to all participants.

Chat and Polls

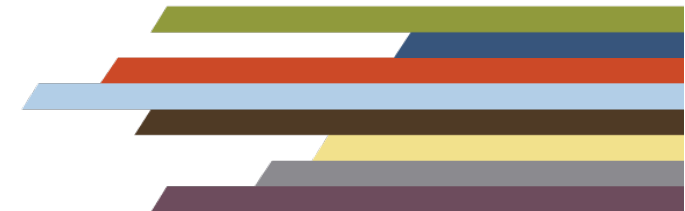
- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.



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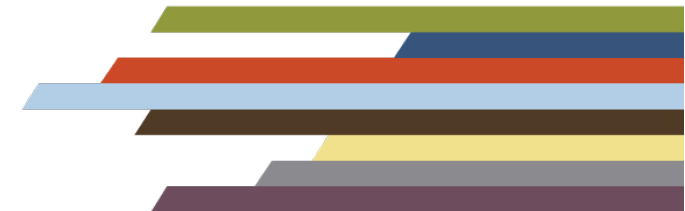
This presentation will be recorded and posted on our website. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



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Our Presenter



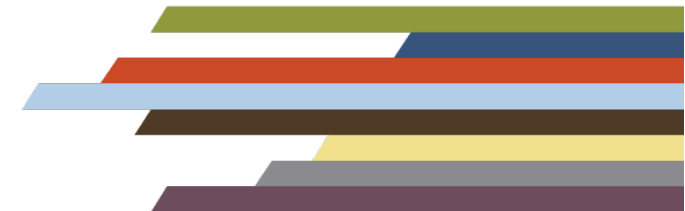
Rita Nakashima Brock, Ph.D.



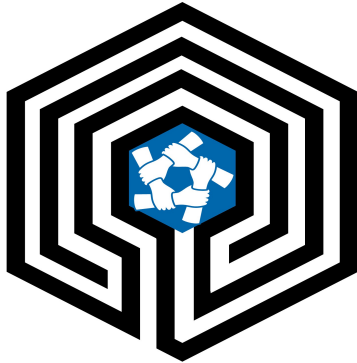
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Moral Injury



Rita Nakashima Brock, Ph.D.
Senior Vice President and
Director of the Shay Moral Injury Center
Volunteers of America
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What Is Moral Identity?*

1. Habits.
2. Meaning constructs.
3. Rules.
4. Rituals.
5. Experience.

*(Graybiel, 2008; Seligman, 2012)

1. Habits

Pre-conscious and earliest behaviors constantly shaped and reshaped by:

Mimicry,

Empathy,

Body-memory,

Repetition training, and

Emotional reinforcement.

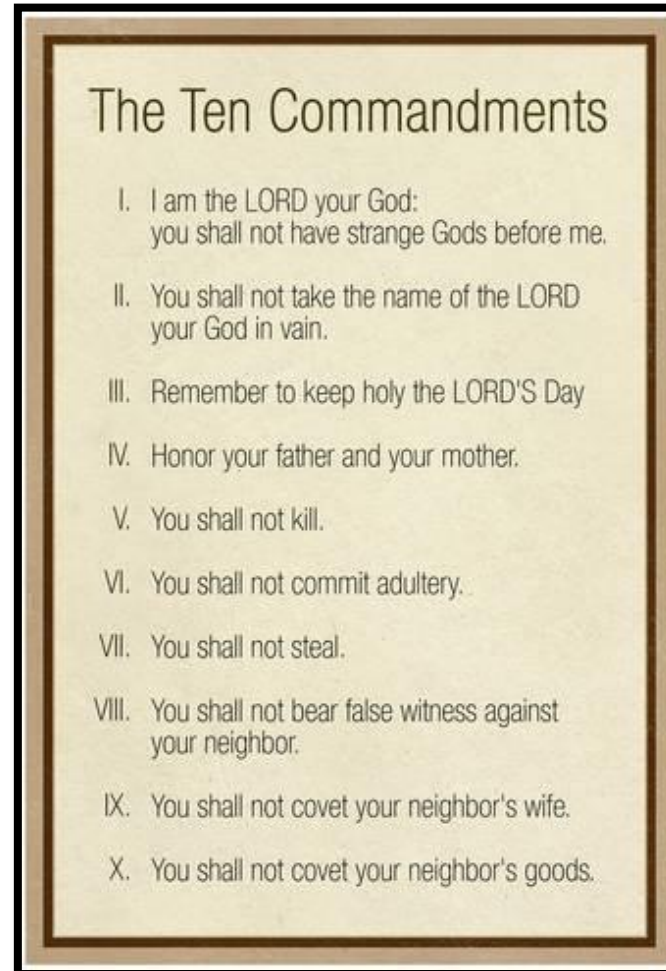
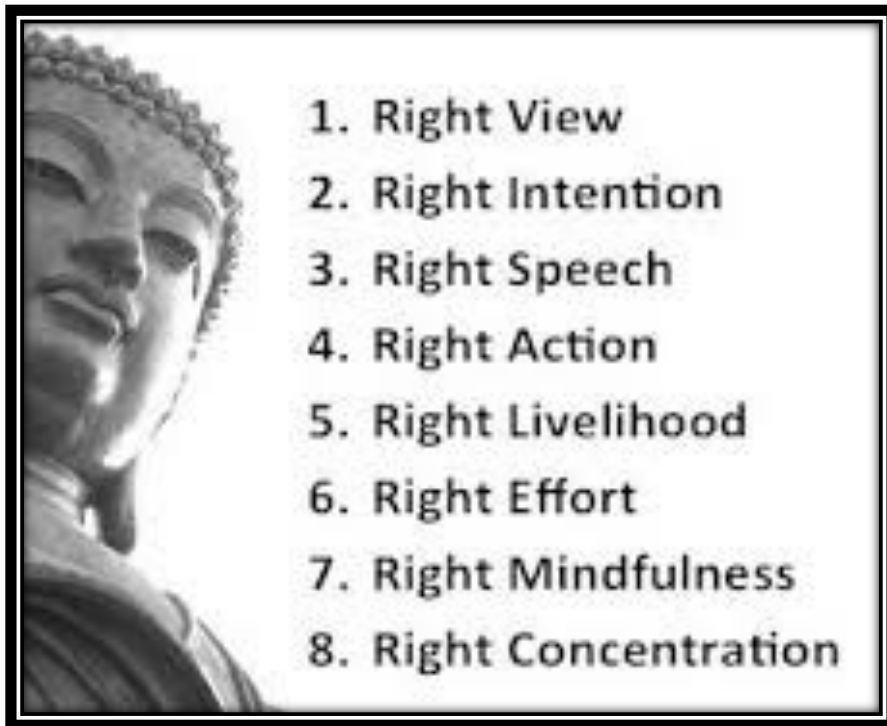


We are largely moral by habit.

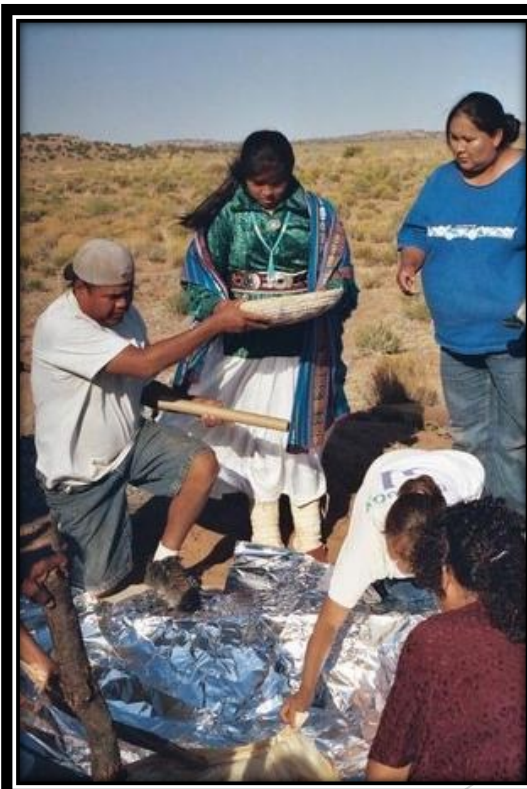
2. Meaning Constructs: definitions of reality that structure perception, belonging, language, culture, faith

- ▶ Cosmology (what is reality and where do humans fit in it?)
- ▶ Rituals (training in habits of meaning and processing of feelings)
- ▶ Relationships (self, body, others, nature, cosmos)
- ▶ Behavior (when what to do is in question)
- ▶ Ideas (faith, belief, philosophy, ethics)

3. Rules: impermeable boundaries, law, ideals, imposed order, *claim to universals* based on what is customary, legal, and moral for a culture and society



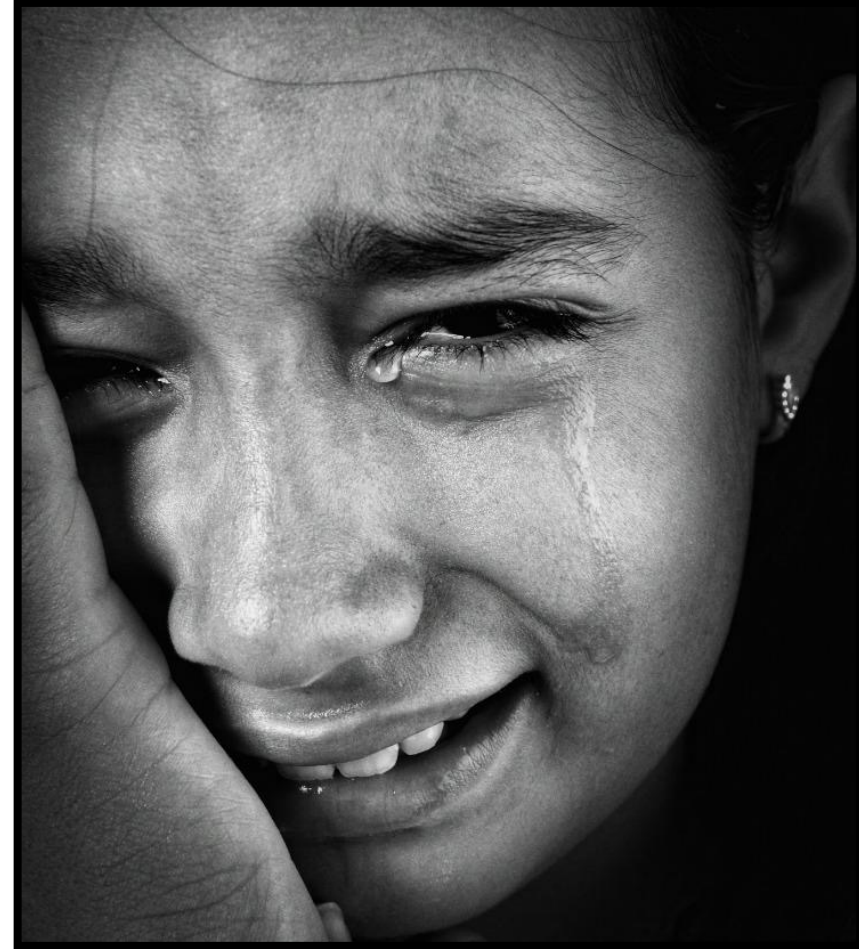
4. Rituals: liminal space within a flow of time; not *mundane* time; overrides personal sincerity via habit, Enable imagined reality—subjunctive mood—“as if”—and Permeable to ambiguity, change, differences = integrate chaotic forces into confined emotional process (death-loss, strangers, sickness, sex, gender, birth, moral failure, violence)



5. Experiences = “reality+ meaning” and can be:

reassuring,
creative,
wondrous,
curiosity-inducing,
suspenseful,
transformative,
chaotic,
resilience-testing,
morally injurious
traumatic

—must be integrated for stable, resilient
identity.



Prevailing Definitions of Moral Injury

Jonathan Shay (2014):

A betrayal of what's right, by someone who holds legitimate authority (e.g., in the military, a leader), in a high stakes situation. All three.

Litz, B. T., et al. (2016) paraphrased:

Moral Injury' is a syndrome of shame, self-handicapping, anger, and demoralization that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed. It is distinct from a life threat as it is also not inherently fear-based; it can arise from killing, perpetration of violence, betrayals of trust in leaders, witnessing depraved behavior, or failing to prevent serious unethical acts.

MORAL INJURY AS SUFFERING

Moral injury is a change in character resulting from

- 1) harmful experiences or life conditions that
- 2) persons or groups are unable to justify, process, and integrate
- 3) into a reliable identity and meaning system that
- 4) sustains relationships and supports human flourishing.

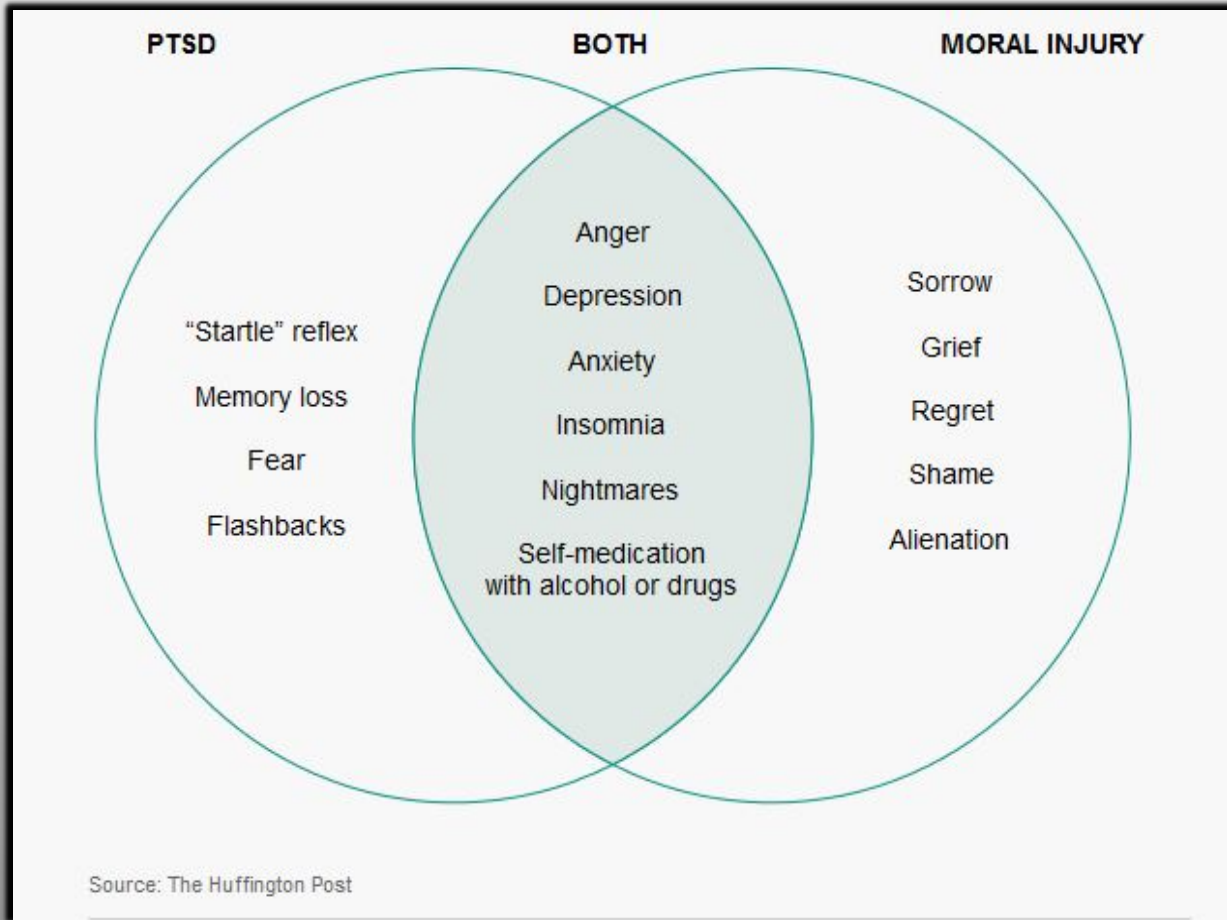
Work/Life Risk Factors for Moral Injury (Synergistic Effects of Multiple Factors)

- ❑ Context with Life and Death Consequences
- ❑ Expected Perfection
- ❑ Physically Dependent People
- ❑ Emotionally Charged People
- ❑ Ethical Dilemmas
- ❑ Limited Choices
- ❑ High Risk for Liability
- ❑ Responsibility with Little Control
- ❑ Betrayal of Trust by Persons in Power (ex. Parents, Supervisors, Policy Makers, Authorities of the State)
- ❑ Isolated Working/Living Conditions
- ❑ Unresolved Previous Traumas
- ❑ Punitive Religious/Spiritual Meaning System

Moral Injury Symptoms Scale – Healthcare Professionals Version (MISS-HP)

1. Betrayal.
2. Guilt.
3. Ashamed.
4. Troubled by having acted violating morals or values.
5. I feel a failure in my work.
6. I sometimes feel God is punishing me.
7. Most people are trustworthy.
8. I have a good sense of meaning as a health professional.
9. I have forgiven myself.
10. Compared to before you went through these experiences, has your religious/spiritual faith strengthened?
11. 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? (Manri, et. al., 2020)

Relation of PTSD to Moral Injury

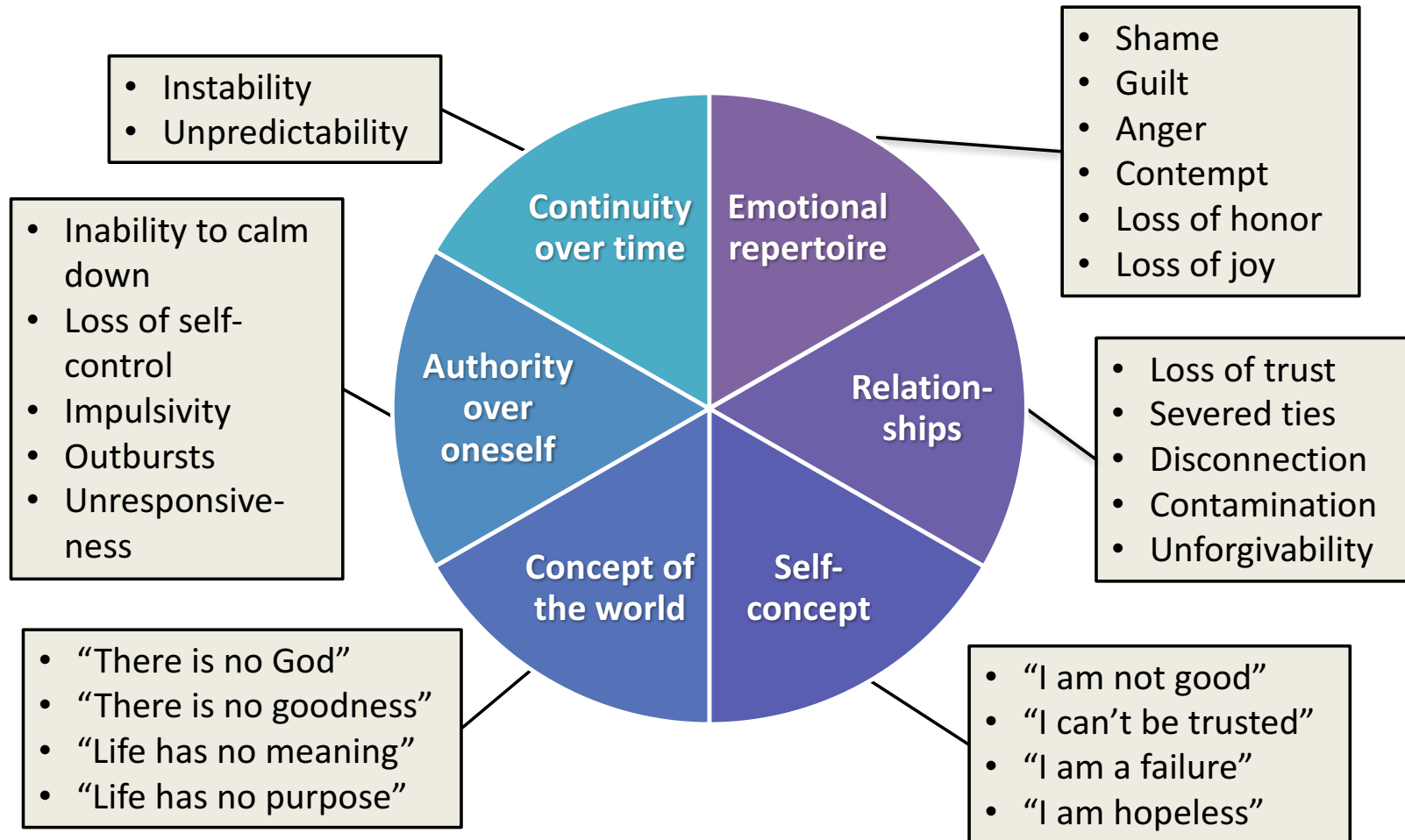


Moral Emotions:

- Sorrow
- Remorse/Regret
- Guilt/Shame
- Embarrassment
- Alienation/Isolation
- Humiliation
- Anxiety/Dread
- Despair

- Outrage/Fury
- Disgust
- Mistrust
- Contempt
- Bitterness
- Frustration
- Cynicism

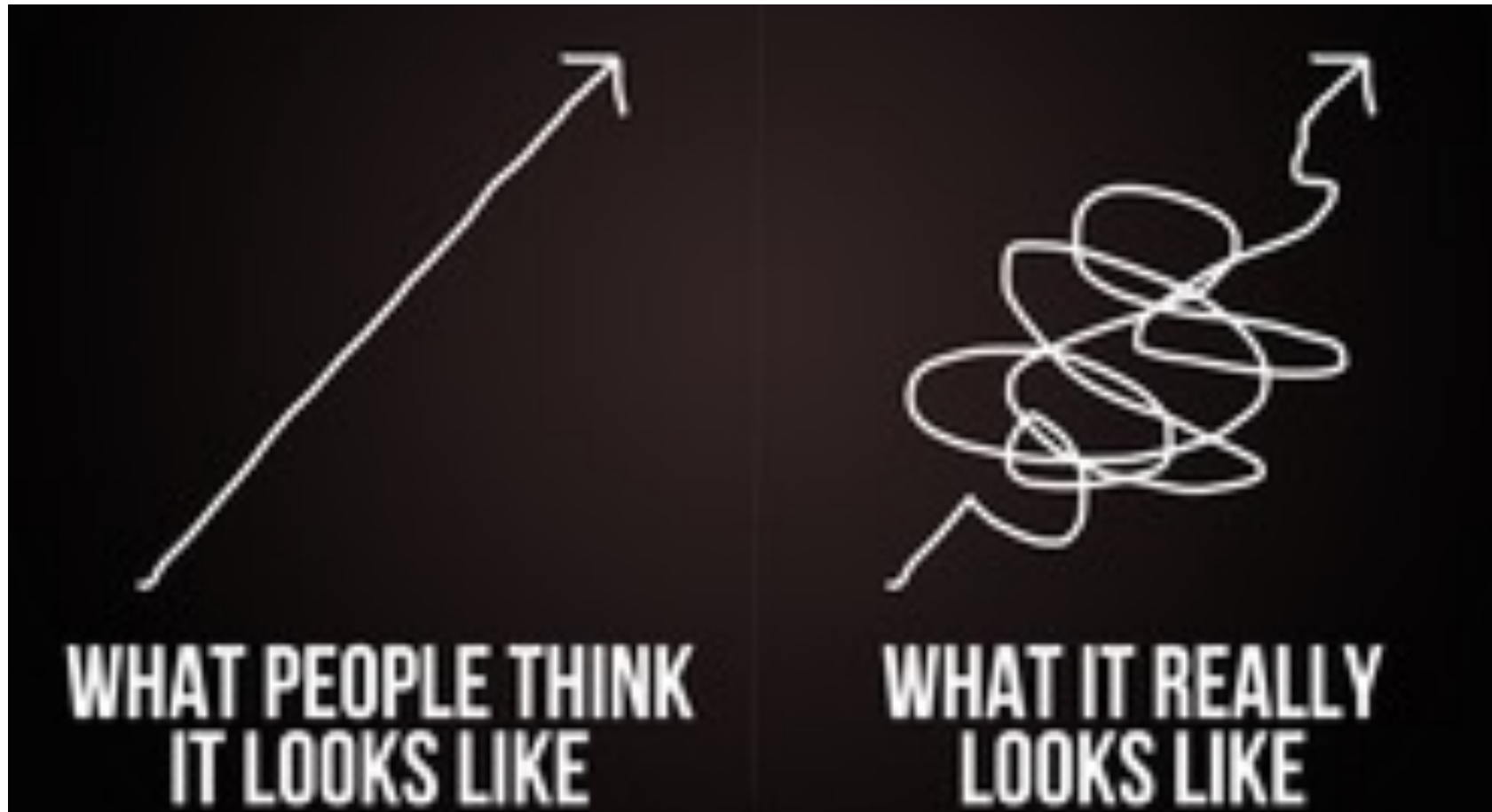
Facets of Moral Injury



Assumptions:

- ▶ The human condition is to be born moral.
- ▶ Reality is chaotic and unsafe. We manage it collectively with multiple meaning systems.
- ▶ Moral injury is a devastating and ordinary human experience of moral failure, not a disorder.
- ▶ Moral injury is related to trauma and can be experienced alongside it and PTSD, but is not the same as either.
- ▶ Every society, religion, and culture has to address moral injury, but not all approaches alleviate it. Some can make it worse.

Recovery as Integration and Resilience



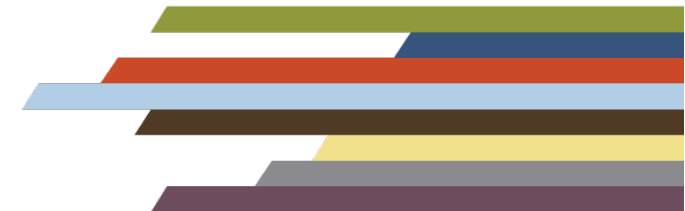
Q and A



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Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



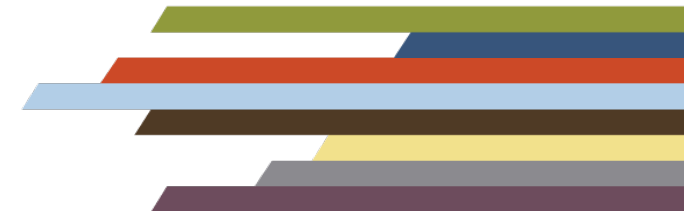
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