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BRITE
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Volunteers of America®

Dementia Care for Aging Veterans affected by Moral Injury

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I. Moral Injury in Veterans

Jonathan Shay (1994, *Achilles in Vietnam*):

The undoing of a warrior's character resulting from a betrayal of what's right, by someone who holds legitimate authority, in a high stakes situation. (all 3 must be present)

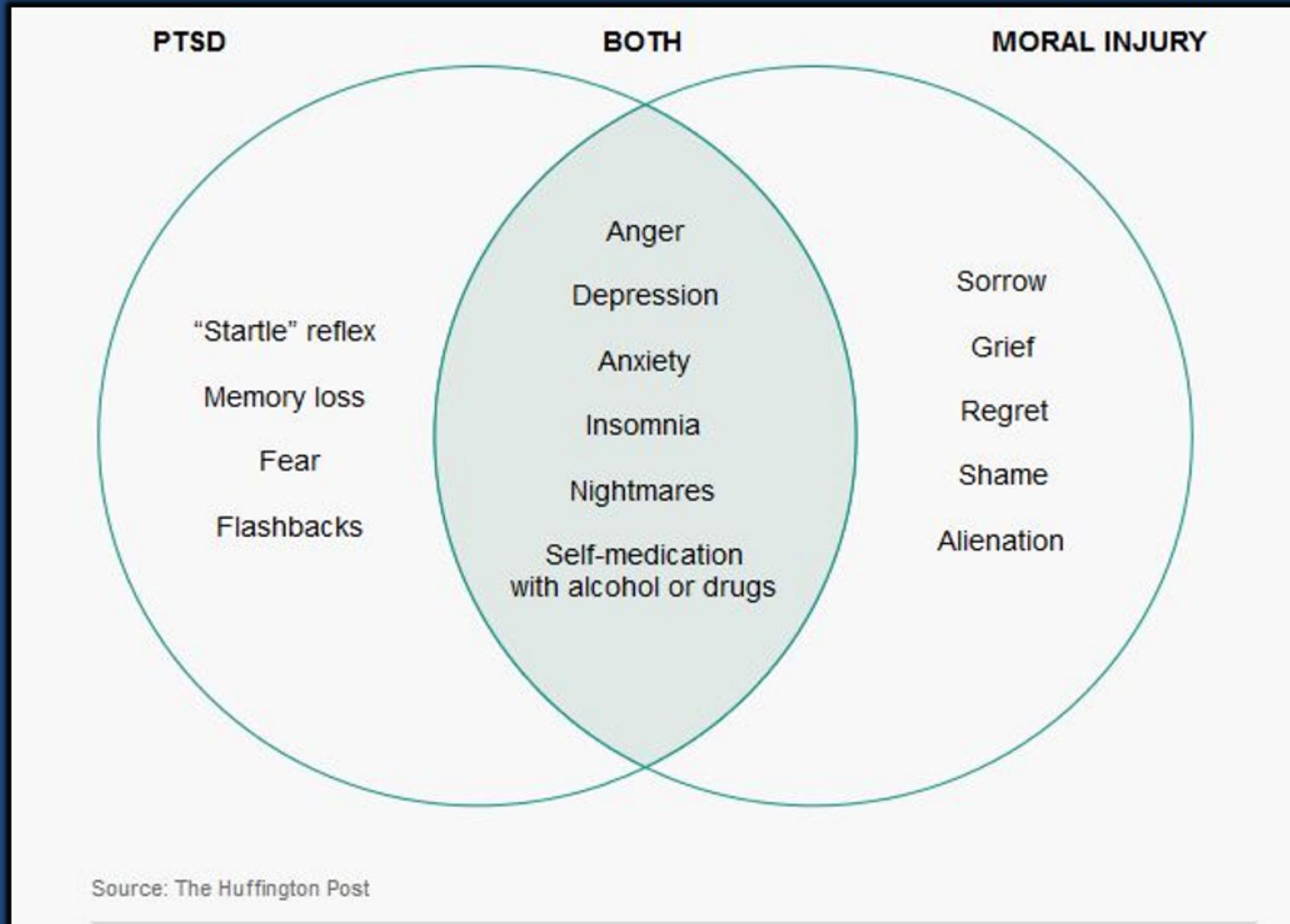
Litz, B. T., et al. (2016, *Adaptive Disclosure*):

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 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. **It involves a loss of meaning that results in destabilized identities, damaged relationships, and despair.**

Morally Injurious Experiences*

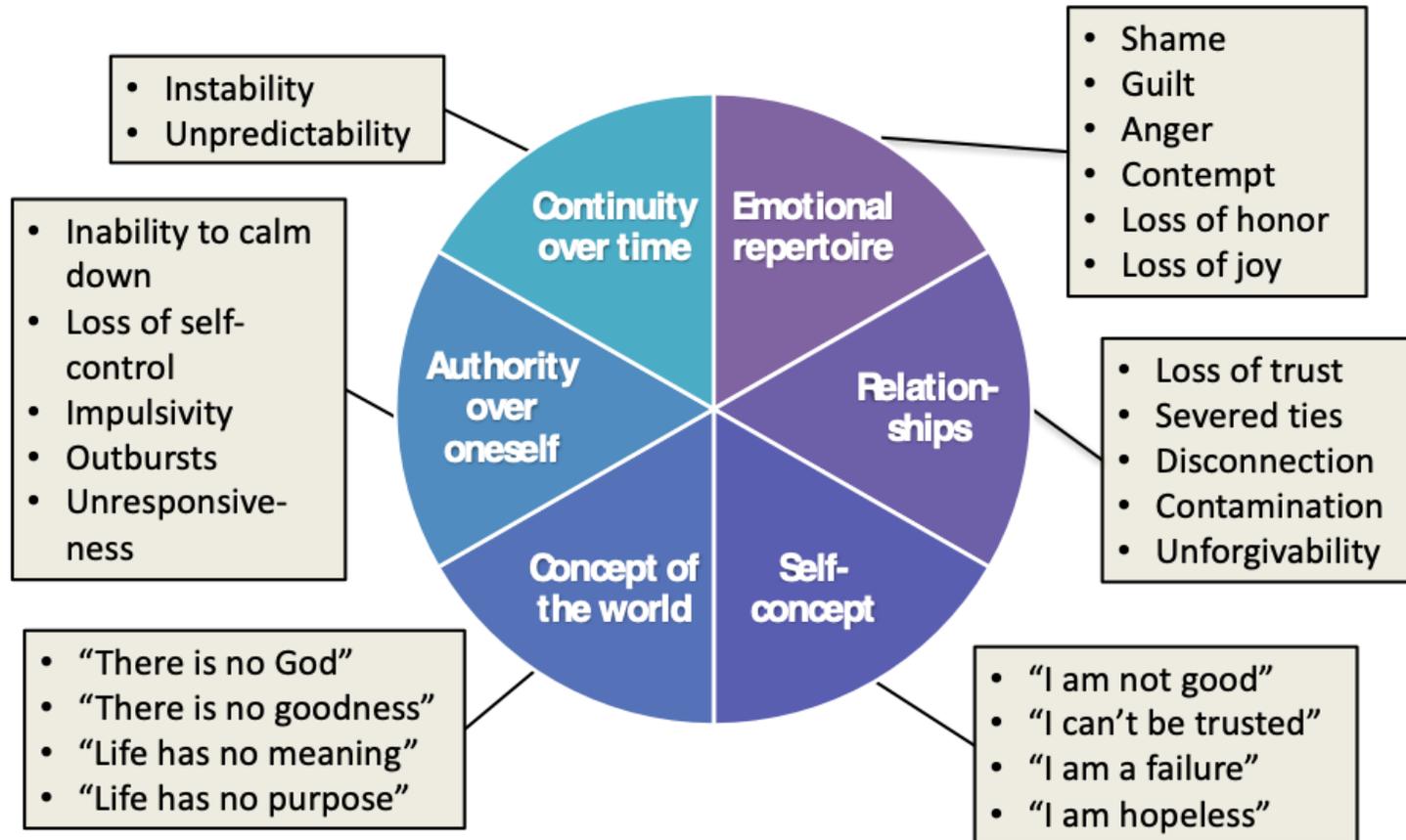
- Seeing things that were morally wrong;
- Witnessing others' immoral acts;
- Acting in ways that violated their own morals or values;
- Failing to do something that they felt they should have done;
- Feeling betrayed by trusted leaders they once trusted;
- Feeling betrayed by fellow service members they once trusted; and
- Feeling betrayed by others outside the U.S. military they once trusted.

*Nash, W. P. Psychometric Evaluation of the Moral Injury Events Scale. MILITARY MEDICINE, 178, 6:646, 2013



Overlap seems most pronounced in relation to moral injury as betrayal

Facets of Moral Injury



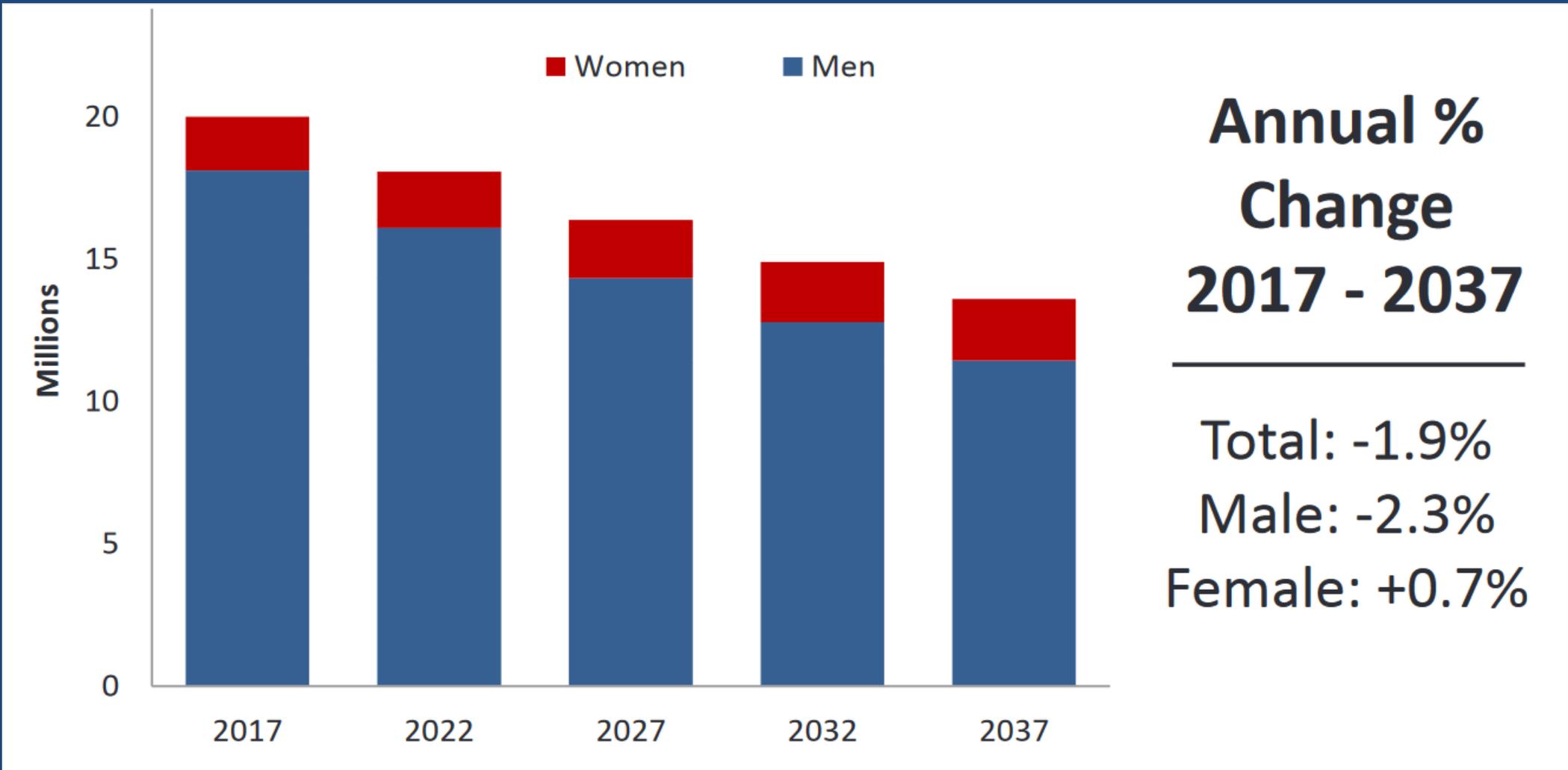
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Diagram by Dr. William Nash, Greater Los Angeles VA Mental Health

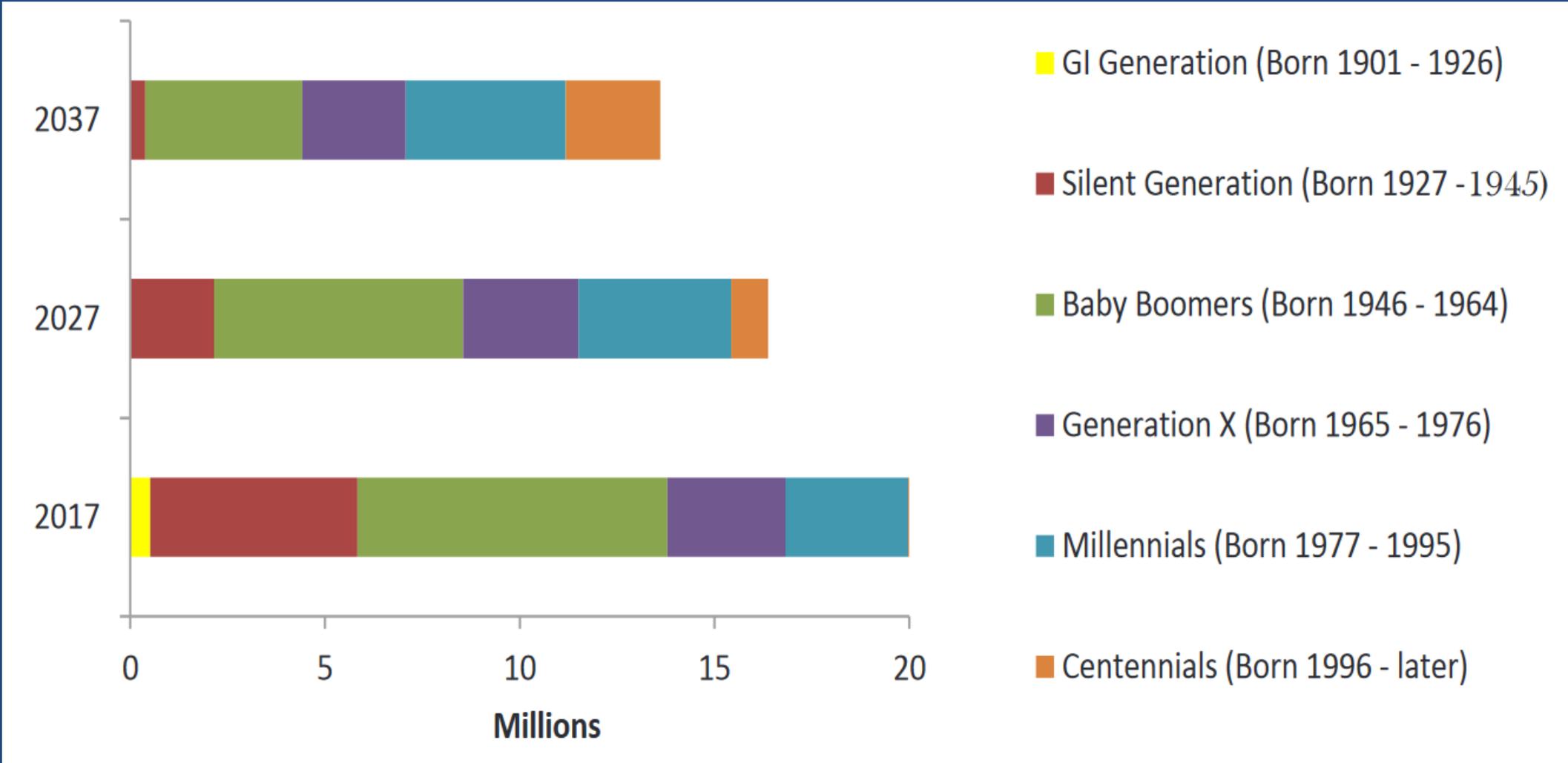
II. Moral Injury Characteristics

- Sometimes latent and can emerge long after events or experiences;
- Is an aspect of most trauma;
- Creates Isolation;
- Can result from cumulative traumas;
- Can affect many high stakes professions (medical, law enforcement, social work, ministry, military); and
- Can emerge as secondary trauma in close relationships and in caregivers.

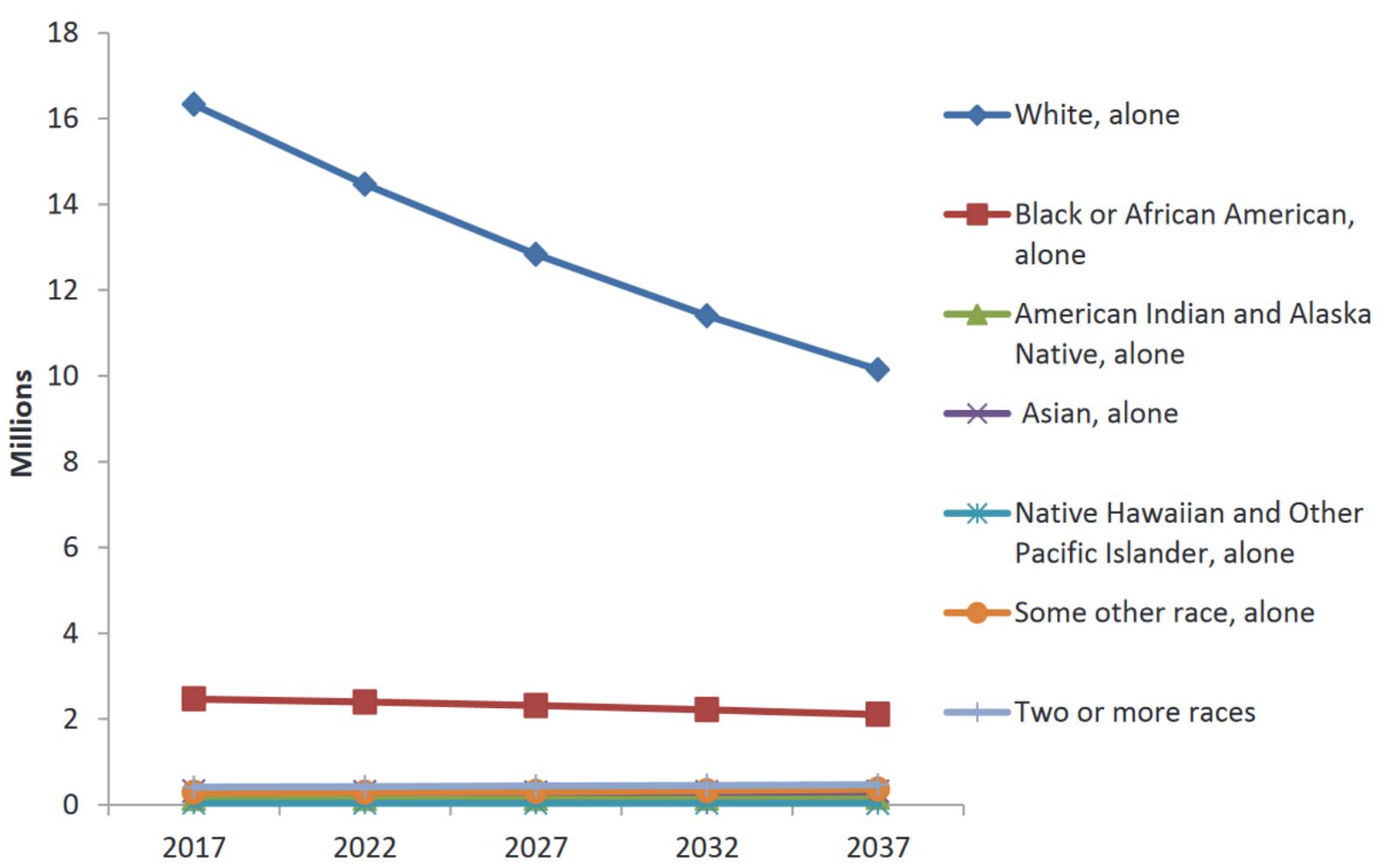
The total Veteran Population is predicted to decline from 20.0 million in 2017 to 13.6 million in 2037



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Race and Ethnicity



Race and Ethnicity

Minority Veterans are predicted to increase from 23.2 percent of the total Veteran population in 2017 to 32.8 percent in 2037. Hispanic Veterans will increase from 7.4 percent in 2017 to 11.2 percent in 2037. Minorities are all races/ethnicities except non-Hispanic White Veterans.



Beginning in 2016 Gulf War Era Veterans became the largest Veteran Cohort

2017

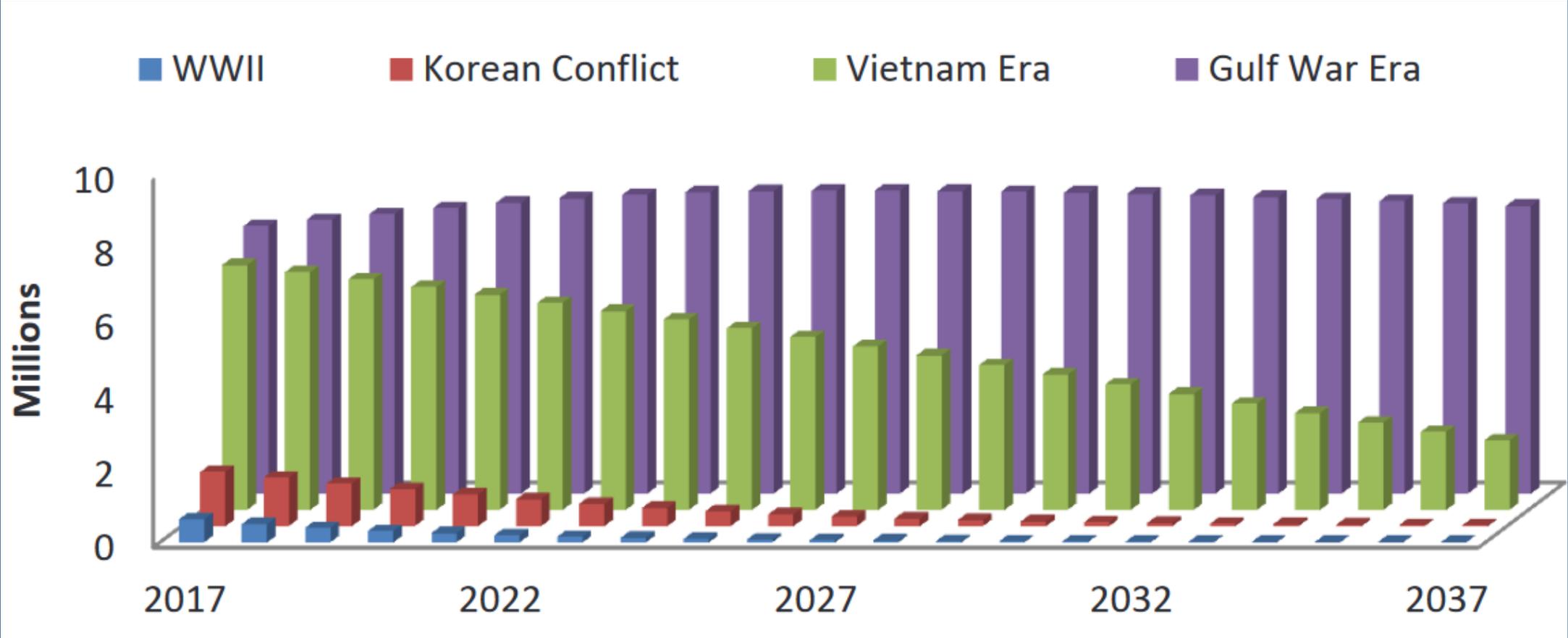
Gulf War 7,271,000

World War II 624,000

Korean Conflict 1,475,000

Vietnam Era 6,651,000

Beginning in 2016 Gulf War Era Veterans became the largest Veteran Cohort

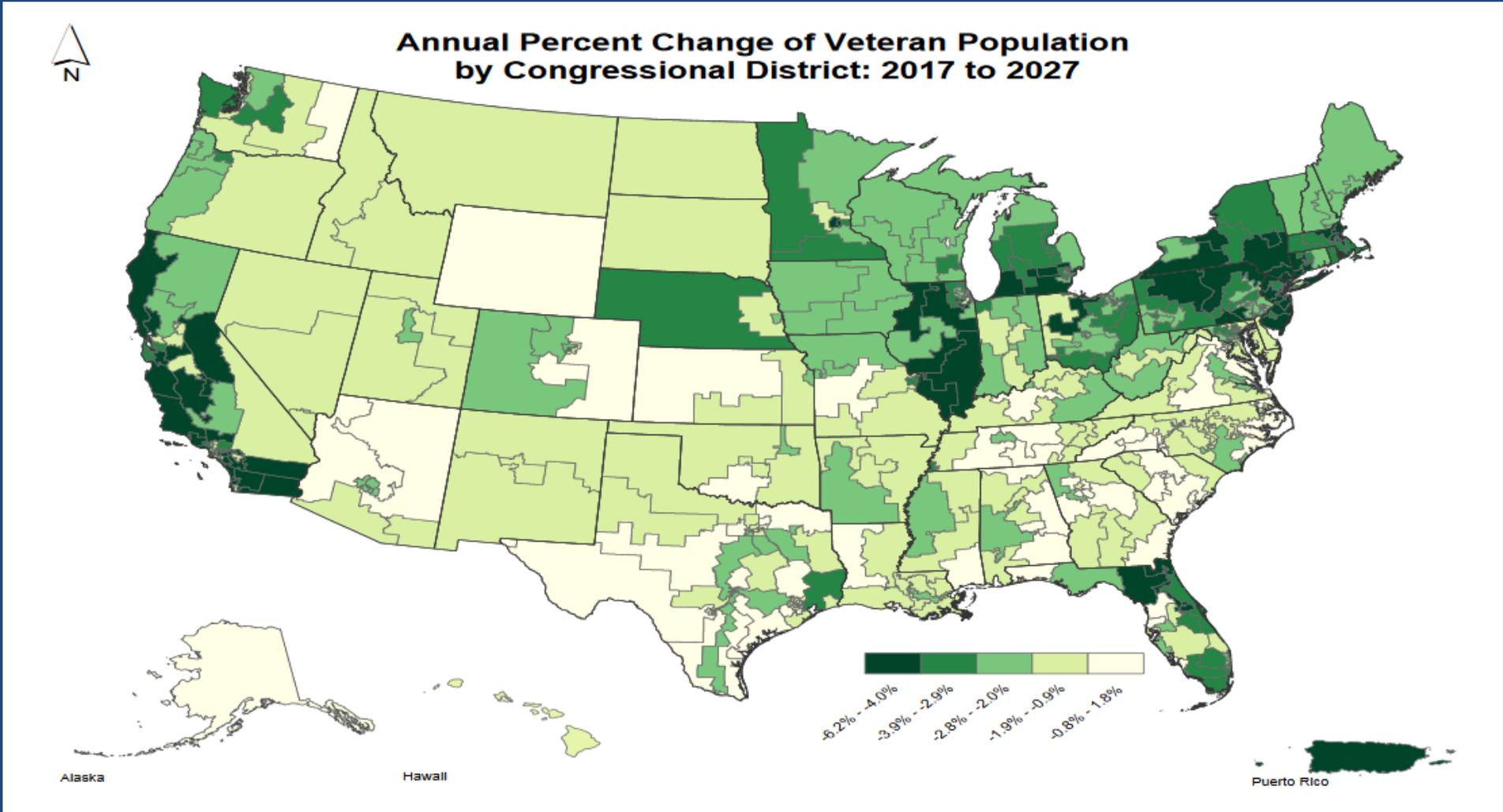


Where Veterans Live

Rank	2017	2027	2037
1	CALIFORNIA	TEXAS	TEXAS
2	TEXAS	CALIFORNIA	FLORIDA
3	FLORIDA	FLORIDA	CALIFORNIA
4	PENNSYLVANIA	N CAROLINA	N. CAROLINA
5	NEW YORK	VIRGINIA	VIRGINIA
6	OHIO	GEORGIA	GEORGIA
7	N. CAROLINA	PENNSYLVANIA	OHIO
8	VIRGINIA	OHIO	PENNSYLVANIA
9	GEORGIA	NEW YORK	WASHINGTON
10	ILLINOIS	WASHINGTON	NEW YORK

50% of Veterans reside in the top 10 states. Veterans are moving to the West and South.

Where Veterans Live



Risk Factors

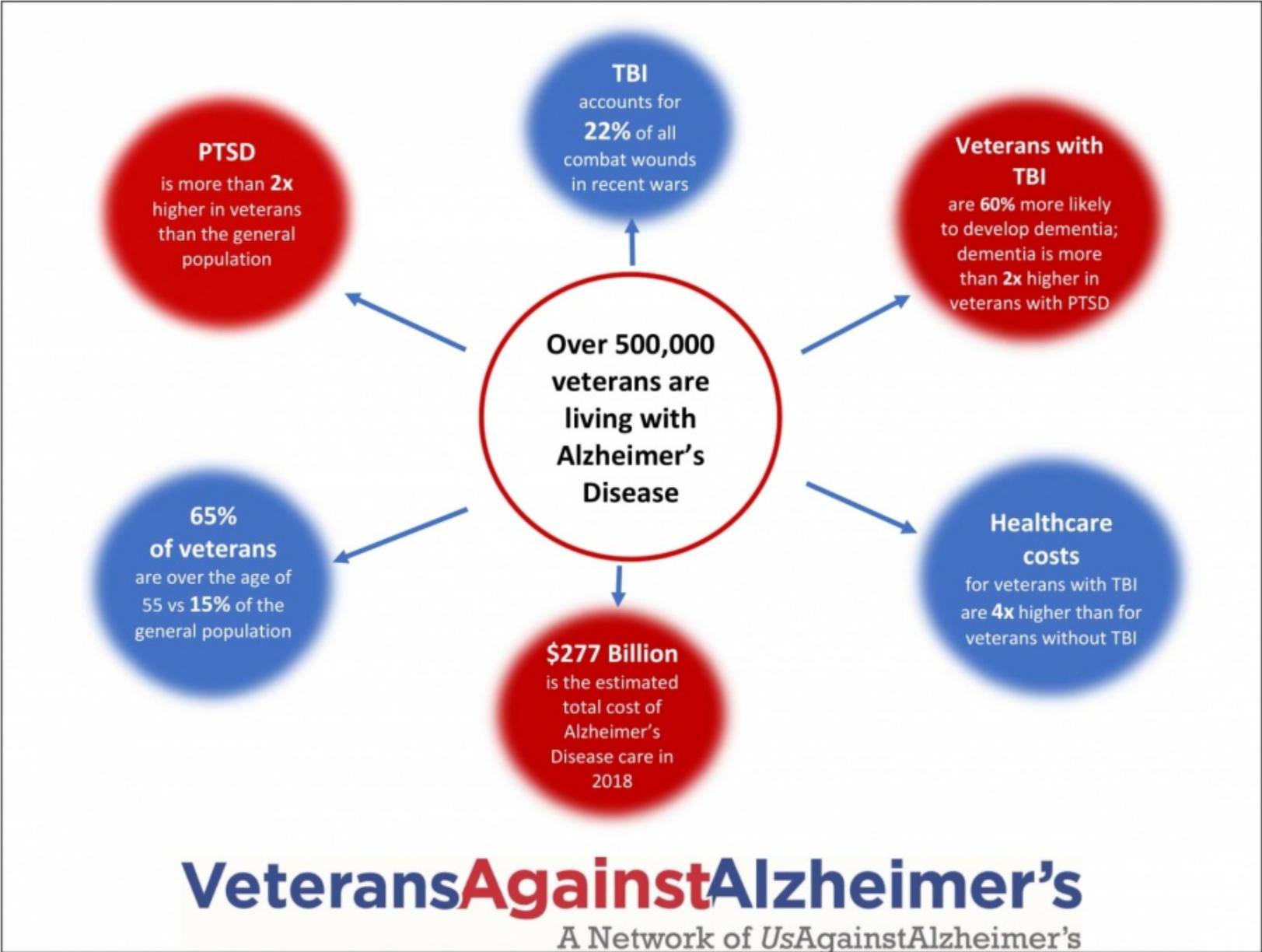
for Alzheimer's among veterans, due to their service, include traumatic brain injury, post-traumatic stress, blast-induced neurotrauma, successive concussion syndrome, and depression.

49%

of veterans are age 65 or older, putting them at greater risk for Alzheimer's than the general population, of which only 15% is over 65.

Barriers

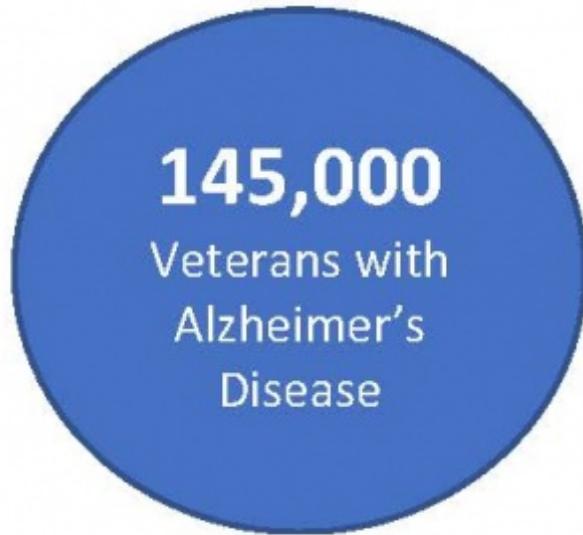
to effective Alzheimer's diagnosis and care faced by veterans range from the complexity of the VA health system, to a lack of understanding about available benefits, to the stigma related to brain and mental health issues.



https://www.usagainstalzheimer.org/sites/default/files/styles/large_rectangle_960_720/public/2018-05/VA2%20Infographic_connections_costs-1_0.jpg?h=8cf185cf&itok=9CwisGWq, accessed Feb. 28, 2020.

Veterans with Alzheimer's Disease

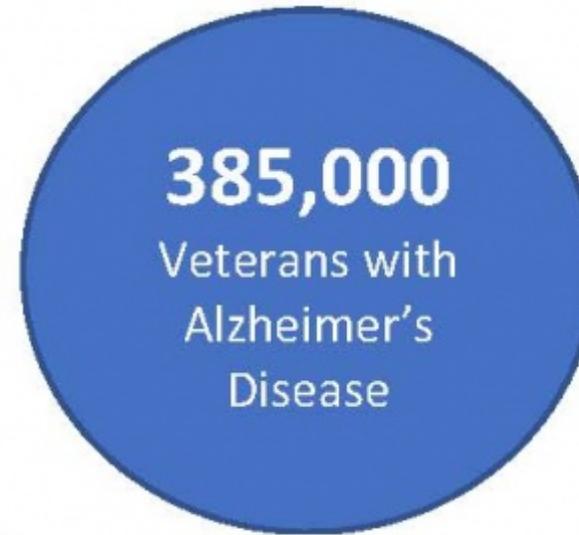
2004



166% +



2014



Veterans
Against Alzheimer's

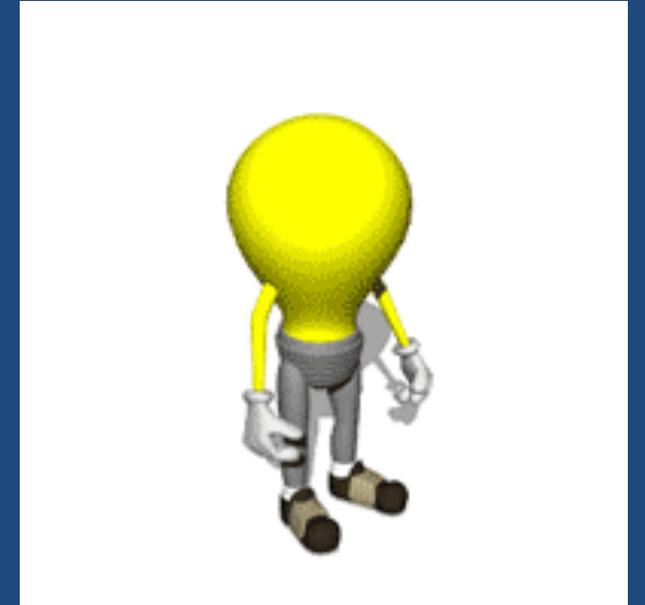
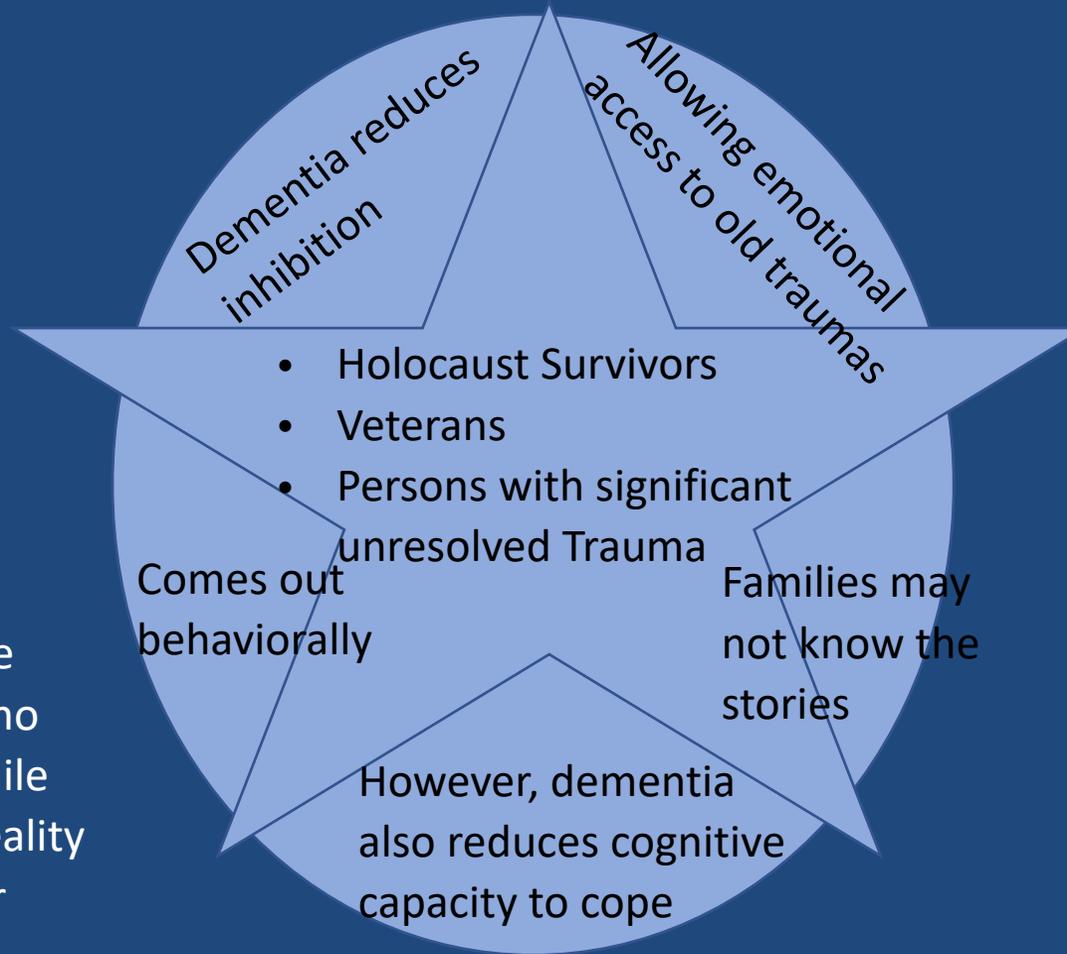
A Network of *UsAgainstAlzheimer's*



III. Moral Injury Older Adults with Dementia



Anecdotal experience
Suggests that some of the seniors with dementia who are clearly distressed while telling a story, reflect a reality haunting them from their past.

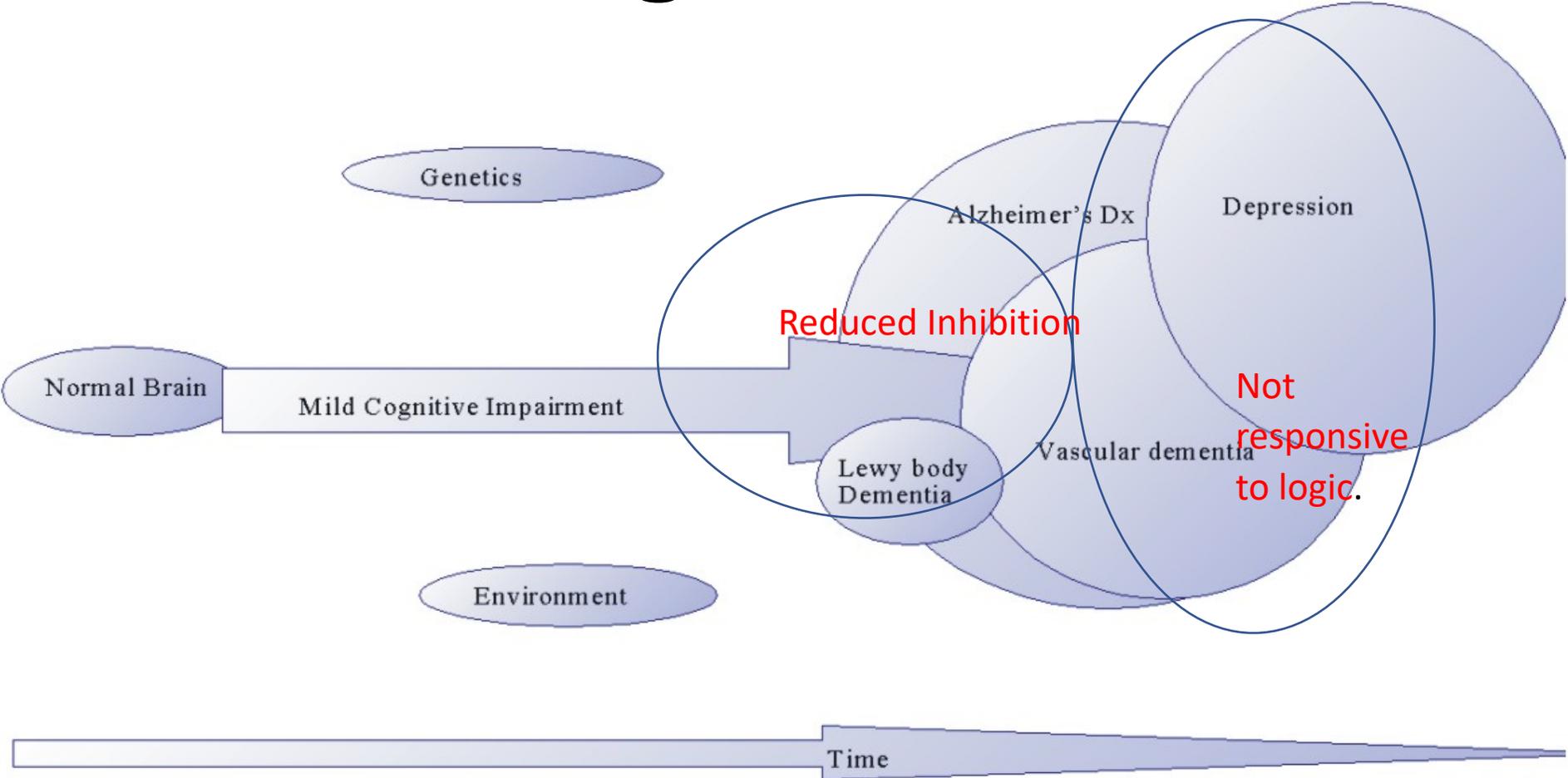


Hypothesis - dementia can intersect with Moral Injury. Evidence is anecdotal and not empirical.

Dementia Diagnoses Most likely impacted

- Global Dementias are the most likely to be identifiable with Moral Injury
 - Alzheimer's Dx
 - Some Circulatory Dementias may also be involved
- Probably harder to identify involvement
 - Lewy Body Dementia's
 - One of the characteristics of Lewy Body Dementias are the Hallucinations. A person with hallucinations would be very difficult to discern the moral injury narrative.
 - Parkinson's Dx
 - Parkinson's is a global dementia, but hypothetically, the person would be able to discuss their narrative prior to the dementia stage
- Key: Reduced inhibition. Frequently, persons who have not shared their story who are now discussing that story are persons who have previously been inhibited for a variety of reasons earlier in life.

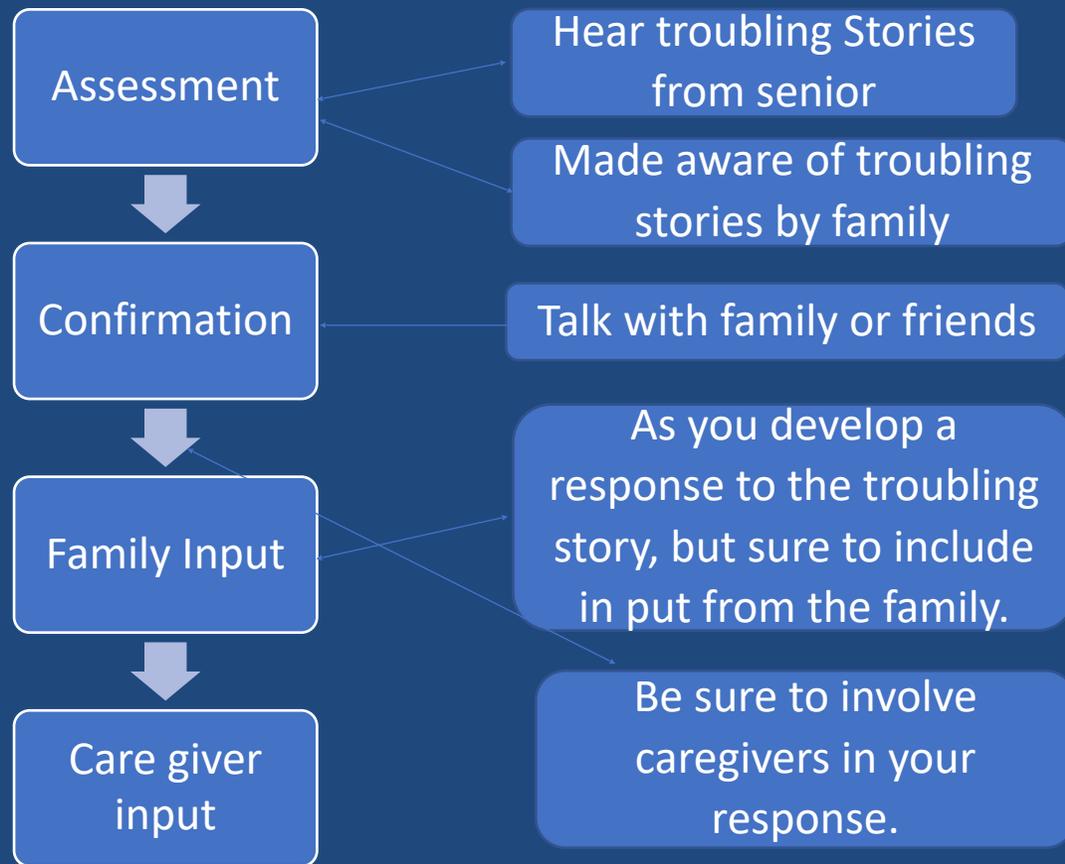
Dementia Progression



Boustani, M. and Ham, R. "Alzheimer's Disease and Other Dementias,"
Found in Ham, et. Al Primary Care geriatrics: A case-Based Approach,
5th Ed. Mosby Press. P. 221.

Clinical Identification

- Is challenged by the Dementia



Possible Responses to Seniors with unresolved Trauma and Dementia

- Remember that the story may or may not be verifiable with objective reality.
- If the senior seems to be traumatized by the memory, then it is real to them.
- Acknowledge the trauma
- Offer caring and forgiveness through symbols...hugs, religious ritual elements, ...
- Contact caregivers and see to offer consistent responses no matter who hears about it.

Challenges

- Many seniors with dementia cannot tell their own story
- Seniors with Moral Injury many not have told their families the entire story
- Objective records of an event may no longer be accessible.
- Trauma may continue to be too real to dredge up

Research

- We will be launching research as soon as COVID allows.
- Employing qualitative research principles
- Snowball techniques will identify staff in long term care who believe they are seeing connectable as Moral Injury
- Interviews with staff and family members will be conducted
- If possible interviews with early stage seniors will also be conducted

Practices of Care

- **Assessing Needs Created by Moral Injury**
 - Precarity of situation
 - Self and other awareness
 - Emotional needs
 - Spiritual framework if any
 - Spiritual needs

Ritual Resources for Care

Religious Tradition if any

Assessment of spiritual/emotional need

grief, shame, fear of death without forgiveness

Ritual Practices that respond to expressed need

familiar prayers and sacred texts

familiar ritual practices

Familial involvement

See Herbert Anderson & Edward Foley, *Mighty Stories, Dangerous Rituals: Weaving Together the Human and Divine*. San Francisco: Jossey Bass, 1998.

Care in a congregant's home

Draw on relationship and ritual reminders such as stole, collar

Assess status of veteran and needs of family present

Respond to expressed need arising from recall of moral injury

Consider possible ritual practices related to need and status
e.g., forgiveness, God's love as reliable

Familial participation in ritual responding to their needs

Continuing Care Environment

Draw on relationship and possible symbols of clerical role

Possibly a group of veterans and or family available

Draw on information from nursing staff assessing Alz. status

Engage the present memory and its pain

Draw on resources arising from the veteran's spiritual "home"

music, imagery, water as in baptism and cleansing,

hymn texts

See: Dayle A. Friedman, "Seeking the Tzelem: making Sense of Dementia," in Dayle A. Friedman, Ed. *Jewish Pastoral Care: A Practical Handbook From Traditional and Contemporary Resources*. 2nd Ed rev. exp. (Woodstock, VT: Jewish Lights, 2005), pp. 75-94.

Care in a VA Care Center

Assess status with staff re precarity and dementia

Veteran's self and other awareness

Veteran's experience of moral injury

Veteran's spiritual experience and reference points if not known

Permission to be present and seek to join and respond to spiritual dilemma

Attentive to ritual resources responsive to Veteran and experience (e.g., water, prayer, familiar prayers, music)

Summary Care Reflections

Establish a relationship over time where possible with veteran and family if possible

Be known to medical and care team as possible

Be mindful of symbolic identity as asset in healing moral pain

Be reflective of symbolic resources as fitting for each situation

SOUL REPAIR CENTER

DEDICATED TO RESEARCH AND PUBLIC
EDUCATION ABOUT RECOVERY FROM
MORAL INJURY



Soul Repair Center Moral Injury Recovery

The Soul Repair Center is dedicated to research and public education about recovery from moral injury.

www.soulrepair.org

Articles on Grief and Dementia by Dr. Ellor and Howard Gruetzner

Gruetzner, H., & Ellor, J. W. (2012). Identifiable Grief Responses in Persons with Alzheimer's disease. *Journal of Social Work in End-of-Life and Palliative Care* 8(2), 151-164. doi: DOI: 10.1080/15524256.2012.685439

Ellor, J., Gruetzner, H., & Back, N. (2009). Grief and Dementia. In C. D. Bryant & D. L. Peck (Eds.), *Encyclopedia of Death and the Human Experience* Thousand Oaks: Sage Publications.