2024 Emergency Services Foundation Scholarship

How Chaplaincy Can Support First Responders Experiencing Moral Injury: An Exploration of Evidence, Expertise, and Lived-Experience

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Dedication

This project is dedicated to the brave souls who serve our community through the Victorian emergency services. Thank you to those who have shared their lived experience of moral injury, your courage and vulnerability have been instrumental in this research, and I hope this report accurately captures your collective voice. Speaking out has helped raise awareness of this critical issue and inspires others to seek support. Together, we can ensure pathways to recovery. I pray this work will contribute to a better understanding of moral injury and ultimately benefit those in the sector suffering because they served us and our communities.

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Jesse Winter is a Chaplain with Fire Rescue Victoria and a provisional psychologist. As a recipient of the Emergency Services Foundation scholarship, he researched moral injury with respect to the Victorian emergency services. With postgraduate studies in theology and psychology, Jesse is well-equipped to explore moral injury's psychological, spiritual, social, and moral dimensions. His registration as a provisional psychologist and expertise in chaplaincy allow him to evaluate interdisciplinary approaches to understanding and treating moral injury. Jesse is passionate about providing practice-based evidence and interdisciplinary care tailored to emergency service personnel who have experienced potentially morally injurious events.

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Executive summary

This report summarises the findings from a pilot project exploring first responder experience of moral injury, with a focus on chaplaincy's role in providing support and aiding in recovery. It defines moral injury, outlines its impact on first responders, and highlights the importance of interdisciplinary approaches in supporting those who have experienced a moral injury. Through a review of existing evidence, a study tour, expert interviews, and exploration of lived experience, this report provides an important new contribution of knowledge regarding how Victorian emergency service organisations can best support first responders who feel the deep sense of betrayal involved in moral injury.

This project has identified that there is no “one-size fits all” solution to supporting first responders who experience moral injury in the workplace. First responders need access to a range of support services, including chaplaincy and psychology, with a focus on addressing moral, psychological, and spiritual aspects of moral injury recovery. Recommendations are provided to enhance moral injury support for emergency service personnel, including interventions and fostering interdisciplinary collaboration.

Introduction

A moral injury is an injury to an individual's values and moral conscience and resulting from an act of perceived moral transgression or betrayal on the part of themselves, leaders, or others. It produces profound feelings of guilt, or shame, and moral disorientation. Situated on a spectrum, the experience of moral injury can range from moral discomfort to moral distress. At the more severe end of the spectrum, someone experiencing a moral injury may find themselves unable to remediate their moral distress emotions, resolve a moral challenge or a betrayal of their values.

Moral injury, like mental illness, does not discriminate. Everyone, at some point, will experience moral distress and have the potential to incur a moral injury. This is reflected in how widely across our community moral injury can be felt. The armed forces are accepted to be the first sector to identify and further the research into and treatment for moral injury. The Royal Commission into Veteran Suicide found that moral injury can be devastating and long-lasting, with catastrophic effects on serving and ex-serving members' mental health. We now understand that moral injury can occur across a range of professions, with a growing evidence-base documenting moral injury among healthcare workers, journalists, first responders, and within the welfare sector among child protection workers (Haight et al., 2017).

Emergency services personnel often face potentially morally injurious events (PMIEs), including life-and-death decisions, ethical dilemmas, organisational stressors, and exposure to trauma, including the traumatisation of others. Such experiences can potentially lead to moral injury which is a profound psycho-spiritual wound. The impact of moral injury has been connected to mental health concerns, including an increase in suicidality and treatment resistance in comorbid post-traumatic stress disorder.

More recently, there have been attempts to develop interventions that target moral injury. In addressing moral injury, chaplains can offer spiritual and emotional care, navigate diverse beliefs and values, and foster meaning-making. Additionally, chaplains offer theological reflection to address moral challenges and religious, spiritual, and values conflicts and promote forgiveness and purpose. On the other hand, psychologists provide evidence-based interventions to address psychological aspects of moral injury and

trauma processing, as well as assessing and managing clinical risk. If chaplaincy and psychology can offer integrated approaches to moral injury, it will likely increase the efficacy of post-PMIE support. Consequently, emerging research highlights the need for an interdisciplinary approach, with chaplaincy and psychology working collaboratively to address moral injury through integrated knowledge and coordinated care, rather than a multi-disciplinary approach's stepped care and disciplinary independence.

This exploratory report seeks to aid the understanding of the impact of moral injury on emergency workers and make some interdisciplinary recommendations as to pathways to recovery. Nevertheless, despite the need for the study being identified, there remains a gap in the knowledge base and a subsequent need within the Victorian emergency sector to offer support pathways for the spectrum of moral injury.

Moral injury recovery is an evolving field, with many international experts working to develop and research the best evidence-based approach to helping people recover. Moral injury typically arises in interpersonal scenarios, so recovery within a group context could be crucial. However, addressing moral injury in a group setting, which often offers significant value, still requires further research. Therefore, I travelled to the U.S.A. to learn more and receive training in two group programs to support moral injury recovery: Moral Injury Recovery and Care (MIRAC) at the Shay Moral Injury Center and Building Spiritual Strength (BSS) at the Augusta, Maine, VA. Those programs are supported by research done by two key leaders I met with: Dr Rita Nakashima-Brock and Dr J. Irene Harris. They spoke to the severity of moral injury's impact and the necessity for well-being services to be equipped to support people through their moral challenges, especially while experiencing initial moral distress emotions. They strongly endorsed that all mental health practitioners, chaplains, and other well-being professionals should understand how moral injury can impact emergency personnel.

Purpose and Key Aims of the Study Tour

The lack of proactive, designated support for moral injury is a critical issue among Victorian emergency services. A recent scoping review identified that many emergency service agencies recognise moral injury among their personnel but agree that adequate training and treatment options are currently

lacking (Lentz et al., 2019). Victorian police chaplains have received some Moral Injury Skills Training (MIST) and have developed a bio-psycho-social-spiritual (BPSS) model to address moral injury symptoms within their cohort. Many of the other Victorian emergency service agencies, and Employee Assistance Programs (EAP) supporting emergency workers, acknowledge that moral injury can occur in the workplace or while fulfilling the first responder role. Yet, many agencies still lack a formal framework to address moral injury.

Some therapeutic interventions for moral injury already exist, with a growing evidence base. For example, The Australian Defence Force (ADF) trains all its chaplains in MIST, which Dr Lindsay Carey developed and was awarded the Australian Military Conspicuous Service Medal. Dr Carey and Dr Hodgson also developed the 'Moral Injury and Pastoral Narrative Disclosure' (PND) taught within MIST. However, MIST is specifically developed for military use and does not translate directly into an emergency service context. Moreover, PND has links to Litz's Adaptive Disclosure, which is a cognitive approach to working with moral injury that is delivered on an individual basis between the client and the practitioner. As will be discussed, emergency service has some unique elements, and not all cognitive therapies nor military programs are appropriate for moral injury and group-based settings in emergency agencies.

This report aims to explore current best-practice interventions, specifically group approaches, and how interdisciplinary care from the chaplaincy and psychological approaches can effectively support moral injury recovery. It examines these recovery avenues through the research of leaders in moral injury, insights from semi-structured interviews (N=2), and additional ongoing dialogues with individuals with lived experience of moral injury and proposes an integrated moral injury support model as well as helps raise awareness of moral injury and the impact of PMIES, while also highlighting the promising benefits of strengthening collaboration between chaplaincy and psychology. This report also offers hope for mitigating moral injury and enhancing well-being and moral resilience in Australian emergency services personnel by

1.) Increasing the emergency services agencies' moral injury understanding and awareness of Moral Injury

2.) Highlighting integrated support approaches for moral injury and how to incorporate chaplaincy and psychology to provide interdisciplinary care.

3.) Proposing recommendations and disseminating these findings to facilitate integrated recovery support for emergency services personnel experiencing moral injury.

Moral Injury: Definition and History

Dr Jonathan Shay coined the term 'moral injury' in 1994. Dr Shay, a psychiatrist in the USA, worked with returned Vietnam Veterans. While many of them suffered from Post-traumatic Stress Disorder (PTSD), it did not fully encapsulate their trauma and symptoms or correctly advise recovery. Shay talked about how 'veterans can usually recover… so long as "what's right" has not also been violated' (Shay, 1994). While moral injury is undoubtedly a far older condition, as Shay points out using ancient stories of Ulysses and Achilles, it has only entered our vocabulary with increasing awareness since Dr Shay's work. Shay, in 2014, further defined his concept of moral injury as 'betrayal of what is right, by someone in legitimate authority, in a high-stakes situation' (Shay, 2014). While it is accepted that high-risk and complex scenarios can result in moral injury, there is no consistent or widely accepted definition of what moral injury is. Dr Shay's definition has great merit and rightly conceptualised it as a 'betrayal'. However, in my opinion, moral injury also occurs in scenarios that are not high-risk in nature but in scenarios that may have a 'high-stakes' impact on the individual, such as organisational betrayal. This nuance also speaks to Baker, who talks about a gap between the morals of the uniformed worker and the ethics of his employing state (Baker, 2020). This is especially pertinent if it is in that gap where the moral injury occurs.

Dr Brett Litz, in his seminal 2009 article, *Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy*, pushed moral injury into the wider public and academic sphere. Moral injury is now being more seriously researched as a standalone syndrome. Litz defined moral injury as "the lasting psychological, biological, spiritual, behavioural and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009). Finally, Dr Harris in BSS defines moral injury as 'The psychological and behavioural sequelae

of experiences that challenge deeply held moral, spiritual, or values related beliefs'. The value of this definition is taking it away from how moral injury occurs to focus on its impact on people.

Both Dr Litz and Dr Harris' respective definitions acknowledge that by the very nature of what morality is, moral injury impacts a person's values, spirituality, beliefs, or morals. Therefore, when discussing moral injury, it is also important to define spirituality. "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al., 2014). This is often expressed through beliefs, values, traditions and practices. Therefore, while spirituality may include aspects of religion, spirituality and religion are not synonymous, interchangeable, or dependent upon the other. Instead, everyone who has a sense of identity or value also has a spirituality, regardless of faith or no-faith background.

Dr Harris suggests, and as can be seen in the definitions of moral injury, some of the proposed signs that indicate moral injury are also the consequences of moral injury. These can include a loss or reduction in social support from one's community of faith and self-exclusion from values-based activities, including a loss of previously held values or spiritual beliefs. This can occur in the context of a person's faith community, cultural group, or even within one's family. Other signs that a moral injury has occurred include one's struggle or conflict in a relationship with a higher power. Morally injured people can find it difficult to forgive themselves, others, or their higher power. Unsurprisingly, these signs and symptoms that a moral injury has occurred are correlated with hopelessness, cynicism, nihilism, or fatalism, such as feeling that there is no meaning or purpose in life and a loss or reduction in trusting oneself or others.

A morally injured person can often feel feelings of inappropriate guilt, bitterness, or anger. This guilt is often not necessarily realistic guilt, but a sense of guilt used as a 'terror management' strategy. Blaming themselves or someone else creates a sense of responsibility, which gives them a sense of control over the situation, which in turn allows morally injured individuals to feel that things could be different had the parties acted differently. This is why this inappropriate and potentially pathological guilt often can be part of

moral injury. Even though this guilt serves the function of helping them cope, albeit maladaptively, it has the effect of perpetuating their moral injury.

Moral injury symptomology can be seen from moral conviction-based contradictions and is often intrinsically linked to a person's morality, values, and spirituality (Carey et al., 2023). While not a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-V TR)-listed disorder, moral injury is widely accepted as a syndrome. From an initial precis of the literature and emerging theories around the mechanisms of moral injury, there seems to be a positive correlation between moral injury and an increase in suicidal thinking. This comorbid with depression and/or risk exponentially increases, especially when associated with PTSD; it can be more severe and longer-duration symptoms and suicidality (Harris and Usset, 2021). Therefore, importance must be given to understanding bio-psychosocial-spiritual approaches being developed to treat moral injury, and the value chaplaincy has in treating moral injury holistically alongside psychology (Jones et al., 2022).

Moral Injury Vignettes

Due to the nature of their jobs, Victorian emergency service employees are often exposed to Potentially Traumatic Events (PTEs), yet they can also be Potentially Morally Injurious Events (PMIEs).

1. ***Grappling with Traumatic Events***

Unfortunately, responding to motor vehicle accidents (MVA) is a common reality. These are often designated as PTEs. There are, however, many scenarios where they could also be PMIEs. For example, a freeway MVA where a truck somehow ends up tipping over and sliding into opposite traffic, hitting and crushing a car and trapping a young person inside. Imperatively, Emergency services will try to extricate the young person. However, sometimes the accident has been so severe and the extrication difficult that by the time the young person is freed, they have profound and previously unrecognised medical trauma. Despite the valiant efforts of our emergency workers, they may die. While this composite can bring up PTSD symptoms, it may also be the moral confrontations that emergency workers struggle with. The reality is that someone young and full of life who, through no fault of their own, could die tragically despite all the effort

these valiant emergency service people put into saving their life amidst this pain and chaos. This seemingly inexplicable loss of life can lead an emergency services worker to develop a moral injury.

2. Moral Injury: 'Failing to Prevent'

Another way moral injury can occur while fulfilling the role of emergency service worker would be around the concept of 'failing to prevent an act' that transgresses their moral code or belief and is against their values and the identity they aspire to.

Often, there can be a scenario where someone is desperately injured and needs assistance after being assaulted. However, if the wrong-doer is still on the scene, with a weapon and threatening, this may result in a hierarchy that orders the workers to stand back and wait until further police attend. While cognitively, many can process and resolve this order; it may still be contrary to their values, which may be 'help those in need' because the need of the injured person has not abated but only increased. This conflict in the worker's moral code and their role's required submission to hierarchal authority can create a moral injury.

3. Moral Injury: 'Witnessing a Moral Violation'

An increasing tragedy of our times is how many community members will choose to be bystanders and film an incident instead of proactively providing lifesaving care. Many stories have been shared about how triple-0 has been called for an unresponsive person in a community area, but no one will provide first aid to that person. Consequently, it is too late when emergency service workers arrive despite providing lifesaving first aid. However, throughout this entire incident, people will be filmed. This, while it could be a PTE, is also a PMIE as these bystanders acted against the emergency service worker's moral belief by not providing lifesaving care that could have meant the victim survived. In this instance, the individual witnessed bystanders breaking their moral beliefs and values.

Another composite scenario would be repeatedly going to a low socioeconomic house for an adult. However, the workers see children living and being treated in a manner that is anathema to their own values. However, they have little recourse to address what they consider morally wrong, even if it is not classified as wrong according to policy or legislation. This disconnect can create a moral injury.

4. Organisational Betrayal

Moral injury does not only occur in the context of fulfilling one's role as an emergency worker in a PTE. Tragically, moral injury also far too often occurs due to actual or perceived organisational betrayal. Sometimes, this could also be conceptualised as workplace bullying. Many times, it has been stated by emergency workers themselves that they expect to have to respond to PTEs, but they did not expect to be 'stabbed in the back' by colleagues or 'thrown under the bus' by their leaders and managers. Moral injury occurs in the context of organisational betrayal, which might include the organisation preventing the employee from living out their values. For example, if an employee raises an issue that could impact safety but will impact key deliverables and finances if it is remedied and the manager orders the employees to do nothing or says that they will remedy the situation and does not. The employee is prevented from living out their values. Another scenario is an employee witnessing a person in a position of authority character assassinating another employee and, as they do not also want to be targeted, says nothing to stop this. These organisational betrayals whether real or perceived, can lead to moral injury.

Broadening the view on Moral Injury

Moral Drift

Moral injury alone can also increase a person's risk profile for mental health conditions. Irrespective of risk, moral injury is also a painful and potentially isolating experience. It can impact the workplace and the injured person's personal life. Perniciously, moral injury can slowly erode a person's character. This is often called Moral Drift, Ethical Fade, or Undoing of Character, and often results in workplace deviant behaviours that can turn the most moral person who has been deeply morally injured into a person they never wanted or wanted to be—a person whom their own family at home does not come to recognise. In a turn of tragic irony, they can perpetuate moral injuries onto others due to their unaddressed moral injury. In a sense, they become like their perpetrator. Morally injured people can, and often do, morally injure people.

This is probably due to their unresolved experiences of moral suffering, pain synonymous with moral injury, which can involve a profound loss of control over the future, leading to degraded integrity, personal

meaning, and identity (Layson, 2023). This loss of meaning and trust can lead to moral drift, an insidious movement away from ethical behaviour, further compounding the individual's suffering and disconnection from their core values. According to Layson (2023), "The sense of suffering arises not merely from the injury itself, but from a person's perception of what the injury means for their future aspirations and their ability to control future consequences." Dr Shay talks to this moral drift and undoing of character and how it causes ideals, ambitions, character, and attachments to change and shrink, stating that "when social trust is destroyed [through moral injury], it is replaced by a settled expectancy of harm, exploitation, and humiliation from others. With this expectancy, individuals have few options: they may strike first; withdraw and isolate oneself from others (e.g., Achilles); or create deceptions, distractions, false identities, and narratives to spoil the aim of what is expected" (e.g., Odysseus)" (Shay, 2014).

Moral Injury and PTSD

Answering the Call (2018) suggests that over fifty per cent of frontline emergency workers will experience a PTE (Potentially Traumatic Event) that affects them during their work and puts them at higher risk of developing PTSD. Furthermore, recent research suggests that moral injury is contributing to PTSD symptomology and may be a frequent comorbidity (Litz et al., 2022). Emergency Workers can be regularly exposed to PTEs and potentially morally injurious events (PMIEs); subsequently, MI may emerge. Individuals who experience PMIEs are at greater risk of mental health issues and PTSD (Jones et al., 2022). While symptoms can co-occur and overlap with PTSD, moral injury is distinct. Misdiagnosing moral injury as PTSD or not separately recognising it can lead to a lack of indicated intervention for moral injury, thereby potentially exacerbating symptoms. This is a critical issue that needs to be addressed. However, while psychological treatments for PTSD can provide a temporary reduction of moral injury and PTSD symptoms, some research indicates that these same symptoms re-emerge one-month post-treatment, where only PTSD psychological treatments were used when moral injury was present (Phelps et al., 2023).

A growing body of research indicates the impact of moral injury on emergency services personnel (Phelps et al., 2023), including firefighters, as they work in contexts with significant risks to the self and

others (Carey et al., 2023). However, it is challenging to support emergency personnel experiencing moral injury as there is currently no industry standard criterion and framework to understand and treat moral injury within the current literature. While moral injury is not a DSM-V TR-listed disorder, as previously discussed, it is being accepted as a syndrome with links to negative mental health outcomes. Therefore, an understanding of trauma and PTSD, with its treatment approaches and their impact, is still helpful when working with moral injury.

Bisson et al. (2020) state that psychological treatment for PTSD is less effective for veterans, especially for veterans diagnosed with treatment-resistant PTSD. 63% of veterans with PTSD have a comorbid disorder (Kohler et al., 2017), demonstrating the need for treatment that is not siloed in their approach to PTSD. Furthermore, Koher et al. (2017) state that PTSD for veterans often includes more symptomology than just A-criteria (ICD-10), indicating that moral injury is also a component that is only further supported by Litz's work, among others.

Veterans tend to benefit less from pre-existing treatments for PTSD compared to other populations (Kohler et al., 2017). Moreover, Forbes et al. (2012) discuss how veterans' military experiences are associated with increased risk for PTSD, numerous PTSD A-criteria, and other associated difficulties and psychopathologies. This, coupled with the frequently delayed and incomplete care-seeking behaviour, often leads to higher rates of under-treatment and chronicity (Kohler et al., 2017). Perceived social status, career impact, stigma, relational stressors, moral injury, and changes to one's value orientation are all potential factors that may perpetuate feelings of guilt, shame, loss of trust, loss of control, and embitterment, perpetuating negative cognitions affecting PTSD recovery (Kohler et al., 2017)

In PTSD, treatment does not always equate to recovery, and recovery does not always require treatment. Where only PTSD psychological treatments were used when moral injury, a frequent comorbidity, was present, there is only a temporary reduction of PTSD symptoms, with these same symptoms remerging one-month post-treatment (Phelps et al., 2023). Dr. Rita Nakashima Brock also posits that in the process of resolving PTSD, a moral injury can emerge. This is because if PTSD is unresolved or unprocessed trauma,

then once it has been processed, the morally injurious nature of the traumatic event is realised. The need to work through the moral injury is now present.

The cognitive model, which first-line trauma treatment is based on, such as CPT and EMDR, posits that thoughts, feelings, and behaviour are inextricably linked. Moral injury appears to be more of an affective condition than a cognitive one. This is due to its theoretical underpinnings and nature. For example, a person can think an act is morally reprehensible, and this thinking cannot contain any cognitive distortions, indicating that no cognitive restructuring needs to occur (per the '*failing to prevent'* scenario). However, the individual still grapple with the ethical implications of the morally reprehensible act. This demonstrates how cognitive treatment models, or simply treating moral injury as PTSD, are likely to be ineffectual in supporting our emergency service personnel struggling with moral injury. Therefore, we must find and be able to provide moral injury-specific support to individuals suffering from moral injury, regardless if it is comorbid with PTSD.

Study Tour Findings

Lived Experiences of Moral Injury in Emergency Services: The Sense of Betrayal

As part of this study tour, two individuals who self-identify with moral injury in the Victorian Emergency service sector and are actively operationally, agreed to a semi-structured interview about their lived experience with moral injury, after incurring it while fulfilling their role. The standout from these individuals was not the number of traumatic events they have been exposed to or responded to but how it was an incident that they never thought they would be faced with that resulted in moral injury. These individuals believed that their moral injury was because of the action at a managerial level and above. Both individuals, separate in terms of timeframes, roles, sectors and occurrence, had support from their peers and, at a personal level, from the managerial above in terms that they did the right thing. However, they felt they were ignored, passed over or blocked in their career because of issues they identified and raised concerns around. However, that was not what resulted in their moral injury. Knowing that upper leadership was aware and knowingly acted in a manner that betrayed both organisational values, let alone their firmly held belief

of what was moral to do in that situation that directly impacted them. This is strongly supported by Rev. Dr. Mark Layson's research (2023) into moral injury occurring in the workplace and the notion that most of this can be prevented with better leadership training, accountability and workplace practices. The result of these individuals' moral injury was a deterioration of mental health, familial relationships, as well as sleeping patterns and health, the need for ongoing mental health support, and the loss of trust, including the sense of the "goodness" of the people and the organisation. The tragedy of these types of moral injury is that they did not occur in the context of a PTE or, necessarily, because of being an emergency agency employee, but because of perceived negative workplace culture and the associated insufficient level of accountability, transparency, and workplace policy and integrity. Perhaps their moral injury occurs because their sense of betrayal is not adequately addressed. Therefore, the goal is to improve the organisational process so that concerns can be acknowledged and addressed, even if they are not fully remediated or responsibility is not accepted. While moral injury in the context of PTEs and PMIEs cannot be fully mitigated within the emergency service roles, reduction within the organisation can be a reality, not just an ideal.

Moral Injury Recovery Programs

My time in person at the Shay Moral Injury Center and the VA in Augusta, Maine, was incredibly constructive in my research since I learned about group-based programs targeting moral injury.

Shay Moral Injury Center

The Shay Moral Injury Center, under the leadership of Dr Rita Nakashima Brock, has three critical programs for Moral Injury: Resilience Strength Training (RST), Moral Injury Recovery and Care (MIRAC), and Resilience Strength Time (ReST). Importantly, ReST has an adaption developed by Volunteers of America (VOA), specifically for emergency service workers, called ReST 4 First Responders. I undertook the MIRAC training at the Shay Moral Injury Center at the National Volunteers of America office in Alexandria, Virginia. I was also granted private consultations with Dr Nakashima Brock and Kristine Chong, Director at the Shay Moral Injury Center.

1. ***VOA/ReST:***

VOA/ReST is a facilitator-informed brief single-session intervention. It is more designed to tackle moral distress and the moral dissonance that occurs before an ingrained moral injury, with attendees struggling and stuck in a moral injury being encouraged to do the 50-hour RST group. Peers are equipped to lead and facilitate the one-hour group sessions.

VOA/ReST has numerous strengths. Namely, how they upskill and equip peers to be facilitators trained to support Moral Distress and other distressing emotions. It allows a drop-in session with few resources required. Furthermore, the majority of participants who elect to come self-rate themselves when prompted feel significantly calmer and more peaceful after this group session. Sharing their moral distress helps participants connect with others and stay resilient.

The ReST program revolves around the idea that moral distress has associated emotions, and people's resilience decreases in the face of their moral distress. Therefore, The ReST program aims to build moral resilience within its attendees so that they can respond to their moral challenges in a way that allows them to live out their moral codes and retain a sense of worth. An integral part of undergoing ReST is reflecting on one's moral distress and moral stressor with the idea that the individual will move to accept the limitations of what they can or cannot control and remain grounded while ideally finding a life lesson in their negative experience, despite the adversity.

2. ***RST***

Resilience strength training (RST) is a 50-hour in-person group-based retreat-style recovery program. RST was designed based on the research of a psychiatrist, Jonathan Shay, who coined the term Moral Injury and provided it with an impeccable pedigree. This program entails high upfront costs, especially in terms of resources and commitment. However, of all the Shay programs, this has the most significant evidence to back it (Barth et al., 2020). However, due to the residential wellbeing programs being piloted to incredible success by ESF, further research may be needed as RST may be surplus to the sector's needs.

3. ***MIRAC***

MIRAC can be viewed as a three-hour abbreviated version of RST or a 'boosted' version of the one-hour ReST program. MIRAC involves more psycho-education components, with reflection done through journaling via hand with the provided prompts and then sharing based on your journaling. The three hour programs enable the facilitators to pose journal questions applicable to the current group and offer psychoeducation and grounding activities pertinent to the group's needs. Moreover, MIRAC, due to its length, also has an additional written journal activity and share, which enables participants to move beyond thinking about their moral challenge and how it has caused them moral distress emotions to an activity that helps them consider the future, forgiveness or living according to their moral code despite their moral challenge & distress.

Building Spiritual Strength (BSS)

Dr Irene Harris works with the Augusta, Maine Veteran Affairs, where I was privileged to be invited to meet with her and join in on the Building Spiritual Strength (BSS) facilitator training. Dr Harris and her team, notably Chaplain Timothy Usset, developed BSS for their context of treating USA veterans with moral injury and potentially comorbid with treatment-resistant PTSD. They conceptualise moral injury as trauma-related spiritual distress. Therefore, BSS is created to address the gaps and concerns in current treatment models. BSS is an eight-session, manualised, spiritually integrated group intervention. This makes it applicable to many people of various cultures, ethnic backgrounds, spiritual beliefs, and faith backgrounds. BSS helps provide a culturally competent model for moral injury, incorporating non-traditional and non-faith forms of spirituality. Another facet that makes BSS a unique and beneficial program is how it integrates exposure and developmental models in its approach to moral injury (Harris and Usset, 2021). It also encourages expanding one's narrative context of the morally injurious event and progressing, or growing, in one's moral development. Notably, BSS has indicative results in also treating PTSD alongside moral injury across two clinical trials. Therefore, this makes BSS one of the few, if not only, spiritually integrated, evidence-based trauma-focused treatments for moral injury conducted within a group setting.

BSS tackles moral injury from a narrative therapy base and understands the development of an individual's morals or values throughout the lifetime of an individual. This means they can be much more targeted in their approaches and help individuals understand where and how they got stuck and how they can progress in moral development by reforming their fractured moral framework and outlook. The goal is not to 'get past' or 'get over' or to move away from the values and morals they held dear but to keep growing and developing so that they can integrate their life experiences within a values system that allows for the tragedy they have been part of.

Both a chaplain and a psychologist facilitate BSS. Due to the fact that moral injury, especially with comorbid PTSD, increases suicidality, a psychologist is necessary for their competency in risk assessment as well as providing psychological insight into supporting PTSD elements. A chaplain is the other crucial aspect of BSS. Moral injury has a spiritual distress component, regardless of the individual's faith or non-faith background. This spiritual and moral distress only grows with moral dissonance and the individual not living according to their own ascribed beliefs. A chaplain is well-trained in how the consistency of belief structures and spiritual distress can be resolved within the individual's identified faith and spiritual contexts. Moreover, if, due to the spiritual and moral beliefs aspects of moral injury, the morally injured person feels either guilty or embittered, a process of forgiveness needs to be undergone to remediate for full recovery. Chaplains, by and large, are the primary professionals trained in what forgiveness means and entails, readily equipping them to be key players in helping individuals find, seek and receive forgiveness in a meaningful way that helps resolve their moral dissonance and then regain consistency of living out their beliefs in a more nuanced manner in keeping with their values and faith or no-faith tradition.

BSS is likely to be a valuable addition to any wellbeing team's offering in the area of trauma and moral injury. Since BSS has an evidence-based program, it can be run in a group setting, with the added benefit that the program is effective even with co-morbid PTSD. Moreover, many emergency services agencies have chaplains and psychologists on staff, demonstrating that the sector already possesses the resources to deliver an evidence-based program to address moral injury. The combination of psychologist

and chaplain shows a genuine interdisciplinary approach where both add value within their scope of practice but, without the other, dramatically reduces the reach and value of the program. It cannot be underestimated that previous research has shown that chaplaincy has the highest satisfaction rating from participants seeking moral injury support (Phelps et al., 2023) but psychologists are better placed to deal with mental health disorders, risk, and the appropriate treatment. Moreover, the fact that it is run as a multi-week group program, despite requiring resourcing and commitment, ensures that moral distress is not just remediated but that a comprehensive approach to working through moral trauma, spiritual distress, embitterment, forgiveness is all undergone so a grown narrative of their journey can emerge and be their story beyond their distress. Taken together, this strongly suggests that further work should be done to investigate and adapt BSS from a USA military context to the Australian First Responder context so that our emergency service workers can receive appropriate care that is evidenced to support people through navigating moral injury into recovery regardless of their background, culture, ethnicity, spirituality, or trauma.

The Mechanisms of Change for Moral Injury Interventions

In assessing and recommending approaches for addressing moral injury. It is essential to think about why interventions can produce change. It is severely disappointing if a researcher cannot provide an evidence-based explanation of why an approach they recommend can be practical in producing change. Therapeutic interventions for psychological conditions vary, but generally, they are based on applying techniques to several general mechanisms of change. For example, a cognitive intervention works on the cognitive distortions and negative beliefs about the self. Meanwhile, mechanisms of change in therapeutic interventions in Dialectical Behaviour Therapy (DBT) typically include increased awareness and acceptance of emotion, attentional control, increased ability to modulate emotion, and the individual's increased use of adaptive coping skills (Boritz et al., 2019). Any intervention for moral injury likely should include some, if not all, of these elements:

Therapeutic Alliance and Positive Regard: A strong, trusting relationship between therapist and client is essential for the success of any intervention, and it is necessary to maintain a supportive, confidential, and non-judgmental environment.

Narrative Extension and Integrating Story: Extending the individual's personal narrative is vital to their moral injury recovery and will help them process and understand their experiences. This involves incorporating other parties' narratives who were involved in the morally injurious event into their own. Co-constructing a meaningful narrative through thickening the narrative can be more effective than exposure to their story or injurious event alone, as this allows for a much more robust framework to make sense of what happened.

Cognitive Restructuring: Central to cognitive-based models of therapy, including Cognitive Processing Therapy, a first-line PTSD treatment, cognitive restructuring involves changing negative thought patterns. This helps by reworking these cognitive distortions into more helpful thinking 'styles' and making sense of the trauma.

Exposure: This is the idea to help people not avoid stimuli they find distressing, which then reduces their symptoms over time. However, exposure for moral injury may be less effective without incorporating narrative extension elements to help clients process and make sense of their experiences.

Guilt Reduction and Forgiveness: Inappropriate and potentially pathological guilt often accompanies moral injury. Functionally, this guilt can enhance their sense of control, effectively making it a 'terror management' strategy against the circumstances of the morally injurious event. While guilt can sometimes serve a function, it can also destroy a person's humanity. Therefore, moral injury interventions need to effectively reduce the effectively inappropriate or pathological guilt prevalent in moral injury. Any intervention on guilt, and affiliated embitterment, will likely be enhanced by incorporating a model of forgiveness.

The Chaplaincy's Role Inherently Equips Them to Address Moral Injury

Apprehending the mechanisms of change supports the understanding of why chaplaincy is an integral part of the interdisciplinary approach to moral injury. Chaplains work alongside others to facilitate healing and recovery in individuals experiencing moral injury and other psycho-spiritual challenges. Chaplaincy requires integrating a person's spirituality, worldview, and values, and as these elements are highly correlated with a healthy sense of self and identity, along with a person's core beliefs. It is, therefore, clear that chaplaincy is highly valued in supporting recovery from moral injury. Many of the USA experts I consulted claimed that many individuals preferred to see a chaplain over a mental health clinician. Moreover, in the USA setting, they stated that these same clients would choose to attend moral and spiritual support groups instead of engaging in trauma or PTSD programs when given the option. This further supports the Australian research showing higher satisfaction levels when receiving support from a chaplain (Phelps et al., 2023). Chaplaincy inherently deals with the search for meaning, living in line with identified values, grappling with the necessity for forgiveness, and understanding and growing a person's narrative, all through creating strong confidential relationships. Therefore, chaplaincy, as has also been identified by multiple sources, is well-placed to have an in-depth and highly significant impact in addressing moral injury.

Conclusion

This study tour and exploratory research report have highlighted an already intuitive concern around moral injury in Victorian emergency agencies. Exposure to PMIEs and associated moral distress emotions such as feelings of betrayal and guilt, especially if they are unable to process their moral challenge and develop a moral injury, are inevitable for first responders while fulfilling their job. Moral injury among first responders is a significant concern linked to increased risk of suicidality, amongst other concerns of perpetuating spiritual distress, substance abuse, depression, and post-traumatic stress disorder. All this negatively impacts the well-being of personnel and potentially compromises public safety due to its impact on performance and the consequences of moral drift. Supporting recovery from moral injury requires interdisciplinary collaboration, particularly between chaplains and psychologists, each with their own unique

and invaluable approaches. This collaborative approach can help address moral injury, grow moral resilience, and enhance the overall well-being of these emergency service workers.

Therefore, organisations must prioritise prevention, reduction and support options for moral injury among emergency service workers. This may involve implementing moral injury programs such as an adapted BSS program, training their well-being teams, and fostering workplace environments that do not cause moral conflicts. By taking these steps, organisations can help protect their employees' mental health and ensure that they can effectively serve their communities.

Finally, more research on moral injury is urgently needed. The extant research on moral injury has several gaps, including a lack of diverse gender representation, insufficient consideration of comorbidities and contextual factors, limited understanding of the impact of spiritual health, and a shortage of long-term follow-up studies. Additionally, existing interventions being offered often lack robust evidence of effectiveness for moral injury. Furthermore, there is a need for a greater awareness of how to distinguish moral injury from other syndromes. Addressing these gaps is crucial for growing awareness of moral injury and providing effective interventions for moral injury for Victorian emergency services.

Recommendations

1. **Adopt and adapt the Royal Commission in Veteran Suicide Recommendation 78: Prevent, minimise and treat moral injury:** Collaborate across sectors on developing an evidence-based strategy to reduce the adverse effects of moral injury for both current and former serving members and addressing the following areas:
    a) Implementing education, training, and support programs to prevent, minimise, and treat moral injury.
    b) Early identification and intervention of moral distress and injury
    c) Conducting or commissioning further research to better understand how to support moral injury within the emergency service population.

(Royal Commission into Defence and Veteran Suicide, 2024)

2. **Enhance Pre-existing Trama Support Groups and Implement a Building Spiritual Strength Program:** To provide comprehensive interventions for first responders grappling with trauma and moral injury, this report recommends the following:
    a) **Integrate Moral Injury into PTSD Support Groups:** Expand existing PTSD support groups to incorporate a module on moral injury.
    b) **Adapt the Building Spiritual Strength (BSS) Program:** Adapt the BSS program, to meet the needs of first responders. This program, delivered in collaboration with chaplains and psychologists, will offer a psychologically, culturally, and spiritually competent and evidence-based approach to moral injury recovery.
3. **Expand Peer-Facilitated Moral Injury Support:** To enhance support for first responders experiencing moral distress, it is recommended:
    a) **Implement Peer-Facilitated Drop-in Sessions:** Organise regular, confidential, peer-facilitated drop-in sessions, based on the Shay Moral Injury Center's VOA/ReST model. These sessions will provide a non-judgemental space for first responders to share experiences, reduce isolation and guilt, and aid in processing from their moral challenge and distress.
    b) **Upskill Peer Volunteers:** Collaborate with experts like Tim Peck to provide training to retired, and active, peer volunteers on the moral injury. This will equip peers to recognise and address moral distress emotions within their peer groups, further expanding the reach of peer support.
4. **Proactive Support and Post-PMIE Process:** To mitigate the impact of potentially morally injurious events (PMIEs), this report recommends:
    a) **Develop a Post-PMIE Support Process:** Establish a post-PMIE process to provide immediate support and ongoing assistance to personnel exposed to PMIEs. This process should include resources, including chaplaincy referrals, and offers of follow-up to help reduce any moral distress and can help prevent the development of long-term moral injury.

5. **Enhance Awareness, Education, and Chaplain Support:** To improve the understanding and response to moral injury within emergency services, it is recommended:
    a) **Upskill Wellbeing Teams:** Equip wellbeing teams within emergency service organisations with the knowledge and resources to identify, address, and support personnel experiencing moral injury. This includes campaigns to raise awareness about moral injury, reduce stigma, and establish clear referral pathways for affected individuals.
    b) Establish a Chaplain Community of Practice: Create, endorse, and support a community of practice for emergency service chaplains. This forum will facilitate knowledge sharing, collaboration, and the development of best practices in addressing the unique needs of emergency service personnel experiencing moral injury.

Dissemination of Findings:

1) Emergency Services Foundation Learning Network Appraisal on Moral Injury (March 2024)

2) Emergency Services Foundation Podcast (June 2024)

3) Fire Rescue Victoria Peer Training Course (October 2024) - Moral Injury Training Component

4) Emergency Services Foundation Showcase (October 2024) - Co-presented with Reverend Dr. Mark Layson

5) Emergency Services Foundation Report (November 2024)

6) Australian Conference on Traumatic Stress (November 2024) - Poster Presentation

7) Inaugural International Moral Injury Conference 2024 (Abstract Submitted) - Postponed to 2025

8) ESF Learning Network Presentation on Moral Injury (February 2025)

9) Frontlines Mental Health Conference 2025 (March 2025) - Keynote Panellist and Presentation

10) Plan a Professional Development Opportunity hosted by Fire Rescue Victoria and Emergency Services Foundation, open to Emergency Services and advertised through Emergency Services Foundation

11) Plan a Victorian Emergency Services Chaplaincy Gathering to Highlight Moral Injury

12) Conduct Presentations and Consult on Moral Injury with In-House Emergency Services Teams and Departments

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