

Moral Injury & Moral Disengagement in Correctional Environments: Definitions, Considerations, & Recommendations

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**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**



Social Work

UNIVERSITY OF COLORADO
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Learning Objectives



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- 1-Define the theoretical concept of moral injury
- 2 – Explore the ways in which moral injury may affect the experiences of correctional mental health professionals
- 3 – Identify strategies to mitigate the effects of moral injury on correctional mental health staff

Agenda

Introduction

Research

Moral Injury Definitions

Moral Injury in Corrections

Small Group Conversations

Study Findings

Mitigating MI

Areas for Future Research

Resources

Q&A

Wrap Up

Introduction

- Thank you for being here!
- My background
 - Riker's Island
 - El Paso County Criminal Justice Center
 - Caring deeply about correctional healthcare professionals
- Why Moral Injury?



My Research

- “About the Brokenness, and the Darkness, and the Light”: An Exploratory Study on the Effects of the Correctional Environment on Correctional Mental Health Professionals
 - Qualitative study of 22 correctional mental health professionals in Colorado
- MeSearch?
- Prison industrial complex
- Clinician Self-Care
- Beyond Burnout
- Colorado Springs
 - 5 military bases



Theoretical Constructs

Burnout

Trauma/Secondary Trauma

Dehumanization

Moral Disengagement

Moral Injury

Corrections Fatigue

Post-traumatic growth

APPENDIX H: SAMPLE DEMOGRAPHIC REPORT

Chapter IV, Table 1: Selected Demographic Characteristics of Participants, N=22

Demographic	Total	Percentage
Gender		
Female	18	82%
Male	4	18%
Age		
20-29	3	14%
30-39	6	27%
40-49	6	27%
50-59	7	32%
Race		
White/Caucasian	15	68%
Black/African American	2	9%
Hispanic/Latina	2	9%
Mixed-Race	3	14%
Clinical Discipline		
MSW	6	27%
MA/MS	14	63%
PhD/PsyD	2	9%
Licensure Status		
Licensed	19	86%
Unlicensed	3	14%
Years of Practice in Corrections		
2 to 5	17	77%
6 to 10	4	18%
11 to 15	1	5%

Participant Demographics

Interview Guide

- 1 - How would you describe working in a correctional facility, as a mental health professional, to someone who is unfamiliar with that environment?
- 2 - Could you share a story from your correctional practice that captures what working in corrections was/is like for you?
- 3 - How has working in corrections shaped how you think about your professional work?
- 4 - How has working in corrections shaped the way you practice with your clients?
- 5 - In your observations, how are the inmates in corrections facilities affected by correctional mental health staff?
- 6 - What resources have you found to be the most helpful in your experience practicing in corrections and why?
 - 6a - What resources do you “wish” you would have had?
- 7 - Did you observe the environment have an impact on your correctional colleagues and if so, could you describe that impact?
- 8 - Can you compare yourself before your experience working in a correctional environment and after?
- 9 - How do you perceive that working in a correctional environment affects/affected your lived experience?
- 10 - (For participants no longer working in corrections) What, is anything changed for you after leaving corrections work?

Common “Culprits” – Affecting Correctional MH Professionals



“Burnout”



“Compassion Fatigue”



“Trauma”

Findings: Moral Injury is a Major Factor

- What is Moral Injury?
- What Moral Injury is not.
- What do we know about it?
- What do we need to know about it?
- What can we do about it?



What is Moral Injury?

- **Conceptually developed to address experiences of combat veterans**
 - Vietnam vets, post-9/11
- “Soul Wound”
- **1- Betrayal of what’s right**
- **2 – By a person with legitimate authority**
- **3 – In a high stakes situation (Shay, 2014)**
- **Prescriptive-Cognition Model (Farnsworth, 2019)**
 - Adoption of inaccurate and condemning sense of self
- **Stress-Injury Model (Nash, 2019)**
 - Wound to body, brain, mind, and spirit
- Application of moral injury to healthcare workers is relatively new
- May be related to “The Great Resignation”

○ Moral Injury

- A type of psychological trauma
 - develops when one violates their moral beliefs
 - is betrayed
 - or witnesses trusted individuals committing atrocities or actions which they deem morally questionable or wrong
- The expanded social, psychological, and spiritual suffering stemming from costly or unworkable attempts to manage, control, or cope with the experience of moral pain
- (Farnsworth et al., 2017, Jinkerson, 2016, Ross, 2022)

Further Definitions of Moral Injury

What Moral Injury is not...

- Moral injury is not PTSD
- Moral injury is not burnout
- Moral injury is not compassion fatigue
- Moral injury is not secondary trauma
- Moral injury is “outside the PTSD constellation” (Dean, et al., 2019)
- About “morality not mortality”

Moral Injury vs. Burnout

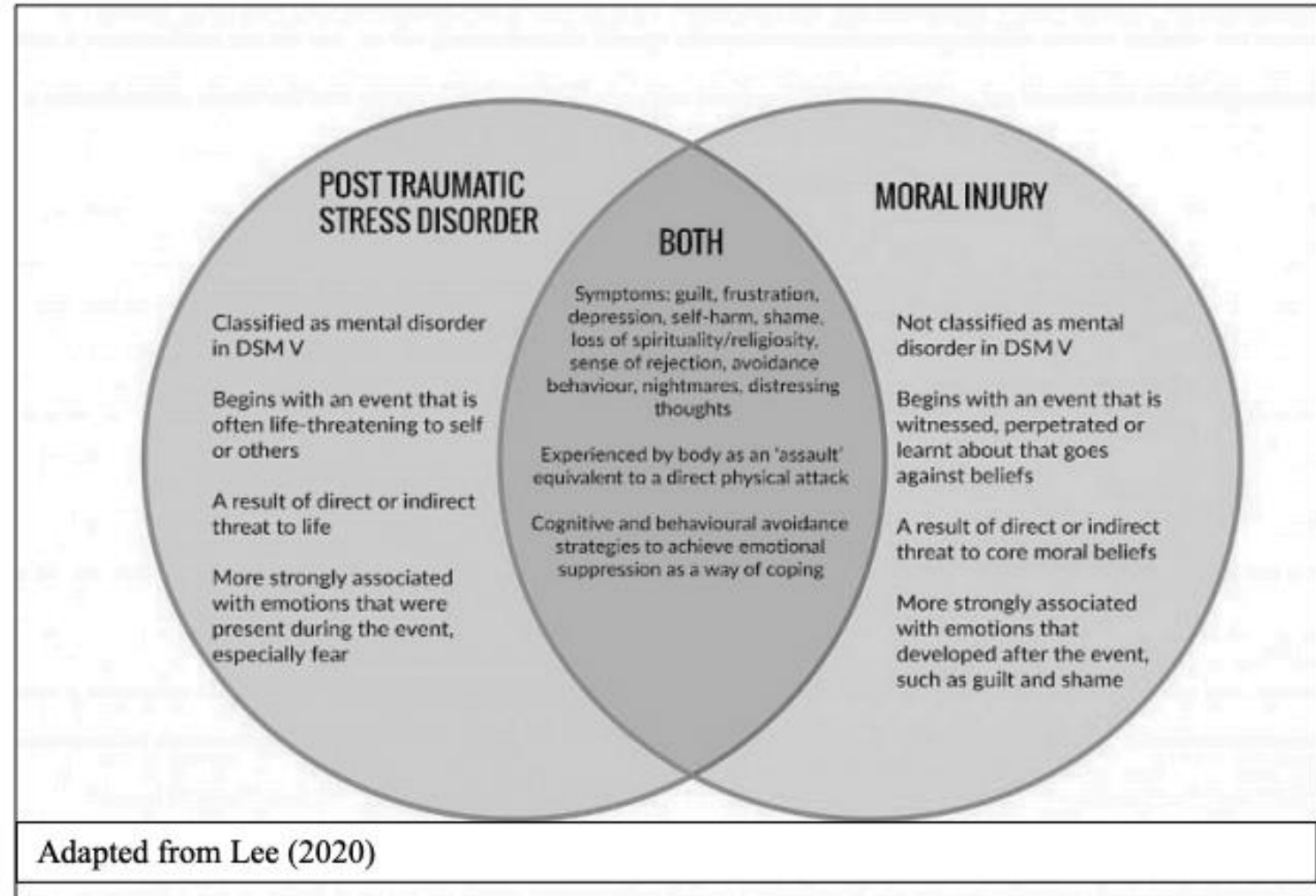
- Burnout suggests that the problem resides within the individual, who is somehow deficient...Moral injury on the other hand describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control. (Dean et al. p. 401)
- In correctional healthcare, Moral Injury can be seen as an inevitable consequence of a broken system riddled with double binds.
 - Punishment and rehabilitation
 - Care and control

Moral Injury vs. PTSD

From Ross, B. (2022),
adapted from Lee, P. (2020)

Figure 2

Moral Injury and PTSD Comparison



Moral Disengagement in Corrections

- Other ideas about how the attitudes and behaviors of correctional mental health staff are shaped can be found in moral disengagement theory.
 - Bandura, 1999; Osofsky, et al., 2005; Smith, 2011; Vasiljevic & Viki, 2014 have linked moral disengagement theory with the dehumanization and poor mental health treatment of correctional clients.
 - Through the cognitive processes of moral disengagement, people find ways to rationalize and justify negative behavior against particular targets.
- More at the Full NCCHC conference in the Fall

Mechanisms Moral Disengagement - Bandura

Moral Justification

Euphemistic
Labeling

Advantageous
Comparison

Displacement of
Responsibility

Diffusion of
Responsibility

Disregard/Distortion
of Consequences

Dehumanization

Moral Disengagement Mechanisms – Gangemi, 2021

- Perhaps “burnout” is another euphemistic label for “moral injury”...

Moral Disengagement Mechanism	Examples in Correctional Settings
Moral Justification	<ul style="list-style-type: none"> - Incarceration existing for community safety - Good guys vs. Bad guys mentality - “War in the streets”, “War on Drugs”
Euphemistic Labeling/Sanitizing Euphemisms	<ul style="list-style-type: none"> - Describing inmates as being “housed” - Terms such as “administrative segregation” to describe lockdown/isolation - Nicknames like the “Box”, “Bing”, “Shue” to describe restricted access to freedoms
Advantageous/Exonerating Comparison	<ul style="list-style-type: none"> - Better than “being out on the streets” - “Three hots and a cot” mentality - Comparing conditions/safety between facilities and internationally, “well it’s not as bad as...” - Keeping “bad guys off the streets”
Displacement of Responsibility	<ul style="list-style-type: none"> - Enforcing detrimental actions on behalf of employers (correctional staff, medical/mental health contractors, food/commissary vendors) - Healthcare management requiring excessive caseloads and impersonal interactions. Staff follows along because they have been mandated to do so
Diffusion of Responsibility	<ul style="list-style-type: none"> - Subdivision of roles by correctional security and medical/mental health staff - Parsing out roles to “shift attention from the morality of what they are doing to operational details of their job” - “Everyone is doing it”
Disregard/Distortion of Consequences	<ul style="list-style-type: none"> - Depersonalization of healthcare services - Restricting inmate access to filing/reporting grievances - Decision making about inmates that staff members may not have seen again
Dehumanization	<ul style="list-style-type: none"> - Perception of “inmates” versus “clients” or “patients” - Language to include “offender”, “felon”, “pedophile”, “animals” - View of inmates as inherently evil

Video: Burnout vs. Moral Injury



Emotional Response	Relational Response	Thoughts about self	Behavioral Response	Thoughts about Life
Shame	Loss of Trust	"I am not good"	Instability	"There is no God"
Guilt			Unpredictability	"There is no goodness"
Anger	Severed Ties	"I cannot be trusted"	Inability to calm down	"Life has no meaning"
Contempt	Contamination	"I am a failure"	Impulsivity	"Life has no purpose"
Loss of Joy	Unforgiveness	"I am hopeless"	Emotional Outbursts	"God is not good"
Loss of Honor			Unresponsiveness	

Signs of Moral Injury

<https://theresilienceresource.org/moral-injury/>

Thinking About your Time in Corrections...

Did you see anything that you would consider morally wrong?

Are you ever troubled by having witnessed others' immoral acts?

Did you act in ways that violated your own moral code or values?

Have you ever violated your own morals by failing to do something that you felt you should have done?

Have you ever felt betrayed by leaders who you once trusted?

How did you make sense of these events?

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
(1) I saw things that were morally wrong	1	2	3	4	5	6
(2) I am troubled by having witnessed others' immoral acts	1	2	3	4	5	6
(3) I acted in ways that violated my own moral code or values	1	2	3	4	5	6
(4) I am troubled by having acted in ways that violated my own morals or values	1	2	3	4	5	6
(5) I violated my own morals by failing to do something that I felt I should have done	1	2	3	4	5	6
(6) I am troubled because I violated my morals by failing to do something that I felt I should have done	1	2	3	4	5	6
(7) I feel betrayed by leaders who I once trusted	1	2	3	4	5	6
(8) I feel betrayed by fellow service members who I once trusted	1	2	3	4	5	6
(9) I feel betrayed by others outside the U.S. military who I once trusted	1	2	3	4	5	6
10. I trust my leaders and fellow service members to always live up to their core values	1	2	3	4	5	6
(11) I trust myself to always live up to my own moral code	1	2	3	4	5	6

MIES

○ Psychometric evaluation of the moral injury events scale –Shay, et al. (2013)

MI-Related Scales

MIES:Moral injury events scale

MISS-M-LF:Moral Injury Symptoms Scale-Military Long Form

EMIS-M:Expressions of Moral Injury Scale-Military version

MISS-HP:Moral Injury Symptoms Scale-Health Professional

MISS-M-SF:Moral Injury Symptoms Scale-Military Short Form

MBI-HSMP:Maslach Burnout Inventory-Human Services Survey for Medical Personnel

Moral Injury Symptom Scale – MISS - HP

- Measures
 - Betrayal
 - Guilt
 - Shame
 - Moral Concerns
 - Loss of trust
 - Loss of meaning
 - Unforgiveness
 - Self-condemnation
 - Feeling punished by God
 - Loss of religion or faith

Qualitative Data : “Drinking the Kool Aid”

Participant 16: Now that I haven't been in that environment, it's been a year, it's like a weight is lifted...The people who were still there, I probably see them drinking the Kool-Aid and thinking it's going to change, but yet, I feel they're just stuck.

Interviewer: What was the weight?

Participant 16: I think part of it is the internal wanting to help people and feeling like you're handicapped or handcuffed. This idea that, "oh, just be patient, things will change. We're going to work it out. We're going to make it better. We hear what you're saying." This idea that we're understood, that we're valued, and the next administration or the next six months or the next contract or the next, whatever it is, "it'll be different, and just wait, you'll see".

Interviewer: With these colleagues when people are "drinking the Kool-Aid", what professional behaviors do you see coming out of them?

Participant 16: How do I describe that? What can be legal may not be ethical, and I think a lot of people go into this with this idea that...they genuinely want to do the right thing. **You are challenged often on a day-to-day basis between what is lawful and what is ethical** and that middle ground. Granted, you give up some things and some things you say, "**I would never do this,**" **but you find yourself doing it**, and you have to automatically go back to say, "**Why am I doing what I'm doing and is this worth it**", and what are the pros and cons?

Qualitative Data : “A Betrayal of What’s Right”

Participant 17: I had a captain in the Department of Corrections and he said, “**acquiescence leads to acceptance, which leads to permission**” and dealing with offenders. I think it also has a lot to do with us because not only are we challenged just with code of ethics and helping people doing no harm, we’re challenged with offenders trying to try to manipulate us and pick up on their BS. **Then also from usually the administration, the bureaucracy, the corporate governance, you get it on all sides.**

- **Interviewer:** Do you have any examples of those little things that you've seen that have been compromises of a person's professional work or dignity?
- **Participant 17:**...Doing suicide rounds. The idea is to go around and check in with this person...“how are you doing? what's going on?” You have 20 of those...And so the idea is, hey, let's go check on each individual person. Part of the compromise is, I'm not going to go talk to 20 people. You might think I am, but this is not humanly possible. Half of them will cuss you, and then you put yourself at risk by going too close. For me, I'm like that's a compromise of getting my stuff done in order to complete the day and also some sense of self-care...At the same time, there's part of me, that's like I can overlook an F you, a southern vulgarity or whatever, and say 'what's really bugging you', knowing that that person might actually talk to me for a half an hour. It might not have anything to do with what the boxes I'm supposed to check for the suicide watch, it might be extremely helpful to that person, but it had to cost me 30 minutes of my day, and who knows what all the result might be in terms of where that conversation could go, what report I might have to fill out.

I oftentimes found myself like, "Who cares?" but that's not-- You know what I'm saying? That's a compromise on my part because that's not who I am or who I ever wanted to be.

Qualitative Data: “Catch 22”

- **Participant 8:** These are challenges I'm having in trying to do my job. Here's the things that I'm seeing that's making it difficult and here's how I can possibly see it making it better in addressing not only safety concerns, but also kind of the **Catch 22** of HIPAA confidentiality of, I'm supposed to hold someone's intimate things as we're processing to make him better, but yet I have to report everything that's going on, and **this makes it very hard for me to be a professional when that's what I was hired for and not as the correctional officer which what you're trying to implement on me.** Corrections basically looked at me- having to look at my clinical work more as like an investigator on certain things which is not how we are clinically trained. We're clinically trained to be more curious and to go in as a collaborator instead of basically probation parole officer. **And knowing that sometimes you have to go in with all hats on and how to juggle them while you're trying to do clinical treatment.**

Qualitative Data: “By a Person in Power”

- **Participant 12:**...but I had to take a week off of work...and while I was gone, some incident happened with this client and **they kicked him out of the program and they were happy about it**...I come back to work after a week and they're telling this story and yukking it up and **“it's so funny and he's such a liar and a manipulator”** and I'm sitting at my desk and I'm crying because I feel so powerless and **I feel like what I'm part of as being part of this staff is corrupt. I don't want to be part of it. That's not the kind of person that I am.** Worst case scenario, this guy's a liar and a manipulator, that's sad. Like, that's a bummer that he's been in this for so long and nothing's changed and how sad that this program didn't work out and they're reveling in it. So that's the kind of stuff that I mean where it's like, it's all like, to certain people to command staff and people maybe on their level or above, it's so smiley and sweet and friendly and then that's how we treat the people who are entrusted to our care.
- **Interviewer:** Why do you think the system worked that time (prior example) and then in another case, there's this joy about getting this person kicked out?
- **Participant 12:** **Because I didn't have to go through them because it depends on who's in power.**

Mitigating Moral Injury for Correctional Mental Health Professionals

1

Further research is needed on MI in correctional healthcare professionals

2

Enhanced correctional clinical supervision

3

Resisting/rejecting "correctional complicity"

4

Increasing support for the correctional MH workforce

Correctional Complicity

- “intentional or unintentional participation of correctional staff members with problematic features of the correctional system. These features may include dehumanization, ethical violations, and other problematic treatment (or lack of treatment) interventions. Participants who described levels of correctional complicity expressed frustration, disillusionment, shame, trauma, and moral injury that even years later, evoked painful feelings”. (Gangemi, 2021, p. 198)

The Social Work Perspective

- Social work focuses on social justice through Micro, Mezzo & Macro perspectives.
- Finding solutions at each of these levels of practice
- Micro - individual supports for clinicians
- Mezzo – support for teams
- Macro – support for the institutions of correctional healthcare



Comparative Responses

Burnout	Compassion Fatigue	Trauma	Moral Injury
Time off	Boundaries	Trauma tx	Examination of the moral system culture
Self-care	Self-care	Therapy	Prolonged Exposure/CPT
Workload management	Transference/Countertransference Dynamics	EMDR	"Soul/spiritual care"
Yoga	Enhanced clinical supervision	Somatic Processing	Determining role of forgiveness
Pizza :)	Adjust work/life balance	Examining Safety Protocol	Self-forgiveness
Change jobs	Focus on interpersonal connections	Temporary ward reassignments	Determination of staying or leaving

Components of Healing from Moral Injury

- Forgiveness
 - Self forgiveness
 - Accepting responsibility
 - Cultivating responsibility
 - Making amends
 - Reconstructing intact moral identity
- Guilt and Shame Reduction
- Have any of you worked on self-forgiveness before?
 - What has helped?
 - What hindered that process? Roadblocks?
 - What surprised you?

Working Toward Self Forgiveness

- What might administrative self-forgiveness look like?
 - Self-forgiveness in leadership?
- Finding a helpful therapist
- Some tools: <https://www.inc.com/rhett-power/master-self-forgiveness-with-these-5-questions.html>
 - 1. Can anything be done to change what happened?
 - 2. Do I allow myself to make mistakes?
 - 3. Have I done everything possible to make things right?
 - 4. Why am I holding on to this?
 - "if you do not forgive yourself, the shame you carry will compel you to continue to act in harmful ways toward others and yourself." - Engel
 - <https://www.psychologytoday.com/us/blog/the-compassion-chronicles/201706/healing-your-shame-and-guilt-through-self-forgiveness>
 - 5. How can I use this as an opportunity to grow?

Moral Injury Resources

- The Shay Moral Injury Center: https://www.voa.org/moral-injury-war-inside?gclid=Cj0KCQjwio6XBhCMARIsAC0u9aFgYuqbf94JaHEWj-H_oV-KvWA89OzCB0GMG9Y8f3Yu-uMnxJztIYaAmaMEALw_wcB
- Treating Moral Injuries: <https://www.scientificamerican.com/article/treating-moral-injuries/>
- Moral Injury: https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp
- Book: **Moral Distress and Injury in Human Services: Cases, Causes, and Strategies for Prevention** – Reamer, F
- <https://www.voa.org/social-work-community-advocates>
- NAADAC PPT: https://www.naadac.org/assets/2416/cardwell_nuckols_treatingmoral.pdf

Directions for Future Research



- Mixed methods study using the Moral Injury Events Scale (MIES) in conjunction with qualitative interviews
 - Examining prevalence of MI among correctional healthcare workers
- Implementation and analysis of Correctional Mental Health Supervision Framework to address MI

Implications for Practice

- Combatting inhumanities of the CJS
 - Renegotiate the “dual mandate” of punishment and rehabilitation
 - Rethinking “correctional complicity”
 - Supporting the correctional mental health workforce
 - Enhancing correctional clinical supervision
-
- Sculpture - Melancolie



Interested in Participating in a Study on Moral Injury?

- Email me to let me know:
sgangemi@uccs.edu

or

- QR code will take you to email sign up
and you will be sent survey in the
coming weeks.

SCAN ME



THANK YOU!

&

Questions?

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