
Addiction-Related Moral Injury (AMI)



Caring for
Veterans and Civilians alike who
struggle with
Addiction-Related Moral Injury
and PTSD

What is AMI?

AMI is a term used in the mental health community to describe the psychological damage faced when their actions in addiction contradict with their moral beliefs.

It is a deep, psycho-spiritual injury that occurred in the context of an addiction-stress related situation, involving a deep violation of one's moral code.

How is AMI different from PTSD?

There are similarities between signs of PTSD and Addiction-Related Moral Injury, but they are very different in this regard:

- PTSD is fear-based, the result of life-threatening events.
- AMI is guilt-based, the result of exposure to events that violated deeply held moral beliefs and values.

Addiction and its lifestyle challenge these basic beliefs

- The universe is basically good.
- Humans are good, benevolent by nature.
- God is good and just.
- The universe and human life have meaning and purpose.
- We ought always to protect the vulnerable members of society, children, poor, elderly, women, the sick and wounded.

How can we help the wounded soul?

- Help begins with trust. We must listen empathetically, compassionately, authentically.
- Help speaks truthfully in love. Both Vets and Civilians with self-harming behaviors, including self-medicating, need to be told they need help – in love
- Help a wounded soul by leading him or her to get professional one-on-one help.

Warning signs of AMI

- **Re-experiencing**
(Nightmares, flashbacks, intrusive thoughts)
- **Avoidance**
(Isolation, withdrawal, fear of crowds, social disintegration)
- **Guilt and shame**
(Self-harming behaviors, self-loathing, blaming)
- **Emotional numbing**
(Denial, alcohol, drug abuse, nihilism, reckless behavior)
- **Distrust of authority**
(Feeling of being betrayed, angry, acting out, avoidance)
- **Complicated grief**
(Hyper-responsibility, depression)
- **Demoralization**
(Loss of meaning, hope, suicidal ideation, suicide)

For Help and Information

Please contact Tim Parker directly at (480) 353-1125 or visit www.SetFreeCenter.org for further information or for someone just to listen about Addiction-Related Moral Injury and/or Moral Injury in your life.

AMI has no boundaries. It is opportunistic. It takes what it can, when it can, how it can. Veteran or civilian, professional or student, rich or poor... No Boundaries!

Addiction-Related Moral Injury clinically is: *“Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations,”* (p. 700). In addition, *“Moral injury requires an act of transgression that severely and abruptly contradicts an individual’s personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards,”* (p. 698).

In laymen’s terms: *Addiction-Related Moral Injury (AMI) as a deep psycho-spiritual injury that occurred in the context of a substance abuse, addiction-lifestyle stress-related situation, involving a severe violation of one’s moral code.*

- *Physicians and nurses treat the sick body.*
- *Psychiatrists and psychologists treat the sick brain.*
- *Pastors and Chaplains treat the battered or sick soul.*

Addiction-Related Moral Injury (AMI)

* Understanding

* Diagnosing

* Treating

DEFINITION

Addiction-Related Moral Injury (AMI) is a deep psycho-spiritual injury that occurred in the context of a substance abuse, addiction-lifestyle stress-related situation, involving a severe violation of one's moral code.

Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations. In addition, Moral injury requires an act of transgression that severely and abruptly contradicts an individual's personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards.

FACTS

- Approximately 75-95% of victims of severe and abrupt moral code violation experience AMI.
- Higher risks of AMI may occur due to profession:
 - Veterans
 - Law Enforcement Personnel
 - Firefighter Personnel
 - Victims of Violence & Crimes
 - Rape victims
 - School violence
 - Workplace violence
 - Combat violence
- AMI differs from MI. Moral injury can happen irrelevant to the relationship of addiction or the addiction life-style.

AMI is not work specific. Some of its highest offences occur within the home and living environment)

WHAT INCREASES THE RISK?

- *Close proximity* to addiction lifestyle(s)
- *Severity* of authority abuse event(s)
- *Duration* of occurrence(s)
- *Frequent or repeated* occurrence(s)

THOSE AFFECTED

What increases the risk of people who are affected?

- Addiction lifestyle involvement
- Lack of solidified beliefs in God
- Addition sub-culture collectively affects an entire community
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TRAUMA CAN OCCUR FROM

- Witnessing or experiencing a severe and abrupt moral code violation event.
- Trying to help someone deal with a severe and abrupt moral code violation event.
 - Family members
 - Co-workers
 - Therapist/counselor

- Religious confident
- The risk for AMI “varies” with severity duration, and subjective experiences of the severe and abrupt moral code violation.

TRAUMATIC EVENTS

- Natural disasters
- Auto accidents
- Rape or sexual molestation (female dominant but not limited to)
- Military active deployment and direct action
- Torture
- Physical assault
- Terrorist attack
- Witnessing the severe and abrupt moral code violation of another person

SYMPTOMS

- Usually begins within 1 months of the event
- Keeps a person from living their “normal” life
- Beliefs • Actions • Outcomes

DIAGNOSING AMI

1. **Exposure to traumatic event with BOTH of the following**
 - a. The person experienced, witnessed, or was confronted with a violation(s) that involved severe and abrupt moral code violation of self or others.
 - b. The person’s response involved intense fear, helplessness or horror.
2. **Repeatedly thinking about the offence. Trauma is persistently relived in at least one of the following:**
 - a. Recurrent, upsetting, intrusive memories
 - b. Recurrent, upsetting dreams
 - c. Acting/feeling as if the event was occurring now
 - d. Intense psychological or physiological distress with exposure to internal or external triggers of the violation
3. **Avoiding reminders of the trauma (can be avoiding triggers or the trauma or numbing one’s feelings so one does not experience reminders). Indicated by 3 or more of the following categories.**
 - a. Efforts to avoid thoughts, feeling or conversations
 - b. Numbing of general responsiveness that was not present before the violation
 - c. Avoidance of activities, places or people
 - d. Inability to recall an important aspect of the violation
 - e. Marked decrease of interest or participation in pleasurable activities
 - f. Feeling detached or restrained from others
 - g. Feeling restricted range of emotions
 - h. Sense of doom that something bad is going to happen; it’s just a matter of time
 - i. Assuming the worst
4. **Being constantly alert or on guard. 2 or more of the following persistent symptoms of increased arousal (not present before the violation)**
 - a. Difficulty falling or staying asleep
 - b. Irritability or anger outbursts
 - c. Difficulty concentrating
 - d. Hypervigilance
 - e. Exaggerated startle response

5. **PTSD Diagnosis**
 - a. Acute Stress Disorder
 - b. Acute PTSD
 - c. Chronic PTSD
 - d. Delayed Onset

6. **Diagnosis Difficulties**
 - a. Person does not link symptoms with the violation
 - b. Does not want to talk about the severe and abrupt moral code violation
 - c. Other symptoms/problems demand more attention
 - d. Focus on physical symptoms excusing psychological symptoms
 - e. Miss-diagnosis of PTSD

QUESTIONS FOR INITIATING DIALOGUE

- “Were there missions on which you came into contact with severe and abrupt moral code violation(s)?”
- “Were you ever in situations where you feared for your life?”
- “Were you in situations where team members were wounded as a result of severe and abrupt moral code violation?”
- “Did you ever participate in any situations that involved the loss of life, friendly or enemy due to a severe and abrupt moral code violation?”
- “Did you expectantly a severe and abrupt moral code violation by someone in authority over you?”

DIFFICULT CHALLENGES

- Self-medicating behavior
- Depression and suicidal thoughts
- Panic attacks, feelings of mistrust

CO-EXISTING CONDITIONS

- A high percentage of men and women with Addiction-Related Moral Injury (AMI) have at least one psychiatric disorder (usually depression)
- Disorders include, but are not limited to:
 - Alcohol/Substance Abuse Disorders
 - Depression
 - Phobias
 - Social Anxiety Disorder
 - Panic Disorder
 - Eating Disorder
 - Obsessive Compulsive Disorder

AVERAGE DURATION OF TREATMENT

- Treated people: Up to 12 months
- Untreated people: Lifetime
- More than 3/4 experience peace and healing when involved in workshops
- Approximately 50% experience some level of peace and healing within the first 3 months of participation in workshops
- AMI symptoms occur in a majority of people exposed to severe and abrupt moral code violation(s). You are not alone or “different” from others

BIOLOGY OF THE BRAIN IN PEOPLE WHO DEVELOP PTSD

- a. **The Emotional Brain** (Limbic system)
- b. **Amygdala** – activated by the sympathetic nervous system when danger is present. (The “Hot” system)
- c. **Hippocampus** – filters the violation through emotional memory filters to evaluate the nature of the event. (The “Cool” system)
- d. **Cingulate** – the decision maker regarding impulse control and course of action.

Example

Non-AMI Brain System

You feel like someone is placing a severe and abrupt moral code violation onto you.... that’s the **Emotional Brain** or **Limbic System** ... You *get excited*, let’s get ready and prepared, *the accelerator*, ... that’s the **Amygdala** or **Hot System** ... our attempt at common sense is the **Hippocampus** or *the brakes* – don’t over react ... and then our brain says, don’t stare at him, which is the **Cingulate** or *our steering system*.

Example

AMI Brain System

There is small **Hippocampus** (The “Cool” system) Hyperactive **Amygdala** (The “Hot” system), Inactive **Cingulate** (No Mediator) and the result is ALL accelerator and no brakes or steering!

AMI = All accelerator with no brakes and no steering Relived over and over!

WHEN TO SEEK HELP

- Self-medicating with addiction-based pain control with alcohol, drugs, etc.
- Experience symptoms for more than a week
- Affecting work, relationships, “peace of mind”
- Progressively worsening symptoms
- Suicidal thoughts

METHODS OF TREATMENT

- Counseling, marital and family therapy
 - Physicians and nurses treat the sick body.
 - Psychiatrists and psychologists treat the sick brain.
 - Pastors and Chaplains and Faith Based Counselors treat the battered or sick soul.
- Support groups
- Self-care

HOW TO HELP RESILIENCY AND PREVENTION

1. Encourage lifestyle changes NOW to reduce daily life stress and invest time in relationships with God, family, and friends.
 - a. Abstain from alcohol and drug (substance) abuse problems
 - b. Healthy lifestyle prior to trauma
 - c. Avoidance of re-victimization
 - d. Early intervention
 - e. Early and ongoing social support

2. Factors that improve violation(s) resiliency
 - a. Self-disclosure of the violation to a significant other
 - b. A sense of group identity and a sense of self as a positive survivor
 - c. Pro-social behavior
 - d. Capacity to find forgiveness in the event(s)
 - e. Connection with a significant community or friends and fellow survivors

TRAUMA REACTIONS

- a. **Violation Splitting Dissociation:** An ability to literally mentally and spiritually be distant, absent or gone from the mental state
- b. **Violation Pleasure:** An adrenaline rush experience during a wounding event (*veterans and/or adrenaline seeking behaviors*)
- c. **Violation Blocking:** Any behavior or substance used to medicate the pain of woundedness (*substance abuse and addiction*)
- d. **Violation Reactions:** The way the mind and body tell one there is woundedness inside (*dreams with body pain waking with body pain*)
- e. **Violation Abstinence:** Doing whatever is necessary to avoid the pain experienced in the past (*sexually avoidant for periods of time though still addicted to sex/love dysfunction*)
- f. **Violation Shame:** The feeling that because of the violation one is a bad and worthless person (*victim to victimizer*)
- g. **Violation Repetition:** The feeling that familiar behavior is safer than new behavior (*familiar behaviors seem safest*)

ADDICTION

- a. Criteria
 - a. Unmanageable
 - b. Creates neurochemical tolerance (*1 leads to 2 which leads to 3 more and more with higher tolerances*)
 - c. Degenerative/progressive (*escalates over time*)
 - d. Creates destructive/negative consequences (*legal, social, relational, and financial consequences*)
- b. The Addiction Cycle
 - a. Preoccupations fantasy
 - b. Ritual
 - c. Acting out
 - d. Despair
 - e. Back to the beginning Preoccupations fantasy
- c. Stopping an addiction is “only the beginning” of the healing journey! Identifying and revealing the violation is essential in Healing.

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Thank you to the Chaplains that have developed the original thoughts, paper and research of Combat-Related Moral Injury (CMI) that have helped with the identification of AMI. It is to God’s glory that we surge on towards the helping and healing of those experiencing AMI.

Everything we do at Set Free Ministries is a direct result of God’s influence in and through us. Many times, others have influenced what we do, teach, write and share. *We thank God daily for these influences* and praise His holy Name for allowing us to *have influence in other’s lives as we have been influenced*. It is to His glory and honor *alone* that we share.

Our prayer is that through it all, *you will find more hope and faith in the One Who is faithful, Jesus Christ*. He is the Giver and we are the receiver. *Never have we, nor will we ever be the origin of what we think, teach, write or share*. Whether what we share is through us from others or from us through and for others, *all is from God*, for His glory and for us and others to grow deep and wide in Him.

Tim Parker. - Servant

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