1-1-2015

Moral Injury: Repair through Self-Forgiveness

Joel J. Snider
George Fox University, jsnider11@georgefox.edu

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by

Joel J. Snider

Presented to the Faculty of the

Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

December, 2015

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by

Joel J. Snider

Has been approved

by the

Graduate Department of Clinical Psychology

George Fox University

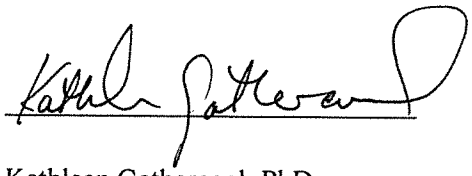
as a Dissertation for the PsyD degree

Signatures:

William Buhrow, PsyD, Chair

Members:

Mark McMinn, PhD



Kathleen Gathercoal, PhD

Date: 5/19/15

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Abstract

Prolonged and numerous deployments have caused military personnel to encounter a variety of stressors associated with combat. As a result, returning soldiers are commonly being identified as having posttraumatic stress disorder, which does not seem to fully account for the shame, guilt, negative self-cognitions, feelings of worthlessness, and sense of being unforgivable that veterans experience. The complexity of these issues is forcing health professionals to investigate alternative explanations. One explanation that has gained significant interest is the shame that is associated with the concept of moral injury. This study sought to investigate if a self-forgiveness intervention could moderate shame and PTSD symptoms in a sample of active duty service-members who had been diagnosed with trauma.

The intervention group showed a significant difference from the control group at discharge in the self-forgiving feelings and actions subscale (SFFA), $F(1,38) = 19.21$, $p < .001$, $\eta^2 = .335$. However, no other significant differences were found for shame, PTSD, or self-forgiving

beliefs. The fact that the groups were not similar when entering treatment is an important factor to consider when interpreting these outcomes.

Keywords: moral injury, PTSD, self-forgiveness, military trauma, shame

Table of Contents

List of Tables

Chapter 1

Introduction

Wars expose soldiers to turmoil and tragedy. Soldiers are put into situations where they may witness extreme violence, death, and carnage. Combat soldiers must make decisions and act quickly in order to stay alive. These decisions may result in serious harm or death of comrades, enemies, or even innocent bystanders. Experiencing these sights and sounds may leave lasting impressions and create deep, internal distress. Historically, distress from war has been called a number of different things; shell shock, combat fatigue, and post trauma syndrome. Recent wars have created a renewed interest in combat related distress which many are calling moral injury (Litz et al., 2009). The most utilized definition of moral injury in the current literature is, "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations which may be deleterious, emotionally, psychologically, behaviorally, spiritually, and socially" (Litz et al., 2009, p.695). The pace of combat combined with the need to react quickly provides a perfect setting for soldiers to hesitate, second-guess their decision making, or make mistakes that promote moral injury.

Although the concept of moral injury is not new, the scientific examination of it has only recently begun. The high level of interest in ascertaining the etiology and effect of moral injury is the result of the increased rates of posttraumatic stress disorder (PTSD) and suicide in veterans of the recent wars (Bryan, Bryan, Morrow, Etienne & Ray-Sannerud, 2014; Lettini, 2013; Litz et al., 2009). Health professionals are increasingly aware that PTSD does not account for some of

the distinct factors and emotional features that are associated with moral injury (Drescher et al., 2011). As the research of moral injury becomes more established, effective interventions and treatments may be created. In an attempt to further the awareness of moral injury, create discussion, and contribute to scientific understanding, we will investigate the efficacy of a self-forgiveness intervention on service-members who have been admitted to an inpatient treatment setting for trauma related issues. The primary goal of this research will explore whether or not a self-forgiveness intervention will be able to moderate the shame associated with moral injury in service members who have been diagnosed with PTSD.

Moral Injury

Moral injury can be caused by a number of different experiences. Exposure to human remains is a predictor of longstanding distress for those who are not prepared (Litz et al., 2009). Witnessing atrocities, human suffering, or unnecessary cruelty may also lead to severe inner conflict (Maguen & Litz, 2012). Betrayal is yet another way individuals can suffer moral injury. Betrayal can be perpetrated by leaders, allies, and even by the self for not living up to standards and expectations (Drescher et al., 2011; Lettini, 2013; Nash et al., 2013). However, the most consistent predictor for moral injury against other trauma-based pathologies is the act of committing a transgression; one that is severe enough to contradict a person's core beliefs and cause them to question previously stable views of self (Drescher & Foy, 2008).

The violent nature of war provides ample opportunity for these transgressions to occur. Further, the unorthodox tactics in the Middle East include enemy combatants hidden among civilians, suicide bombers, and improvised explosive devices (Drescher & Foy, 2008; Stein et al., 2012). These tactics force troops to differentiate enemies from civilians in a matter of seconds

which, inevitably, increases the risk of harm to non-combatants or civilians. Litz et al. (2009) conducted a survey of soldiers involved in Afghanistan combat which revealed that twenty seven percent of them faced combat situations where they were unsure how to respond. A survey of Marines conducted in 2003 found that twenty percent of them endorsed responsibility for the death of a non-combatant during ambiguous combat situations (Hoge et al., 2004). These situations are psychologically demanding, highly stressful to personnel, and can easily result in exposure or involvement with morally injurious events.

Moral Injury vs. Posttraumatic Stress Disorder

Moral injury is an intricate concept that gets overshadowed because it shares similar symptoms and behaviors with PTSD. However, the causal factors can be vastly different and therefore need to be explored. PTSD is a fear based response to receiving or witnessing life threatening trauma (Drescher et al., 2011; Nash & Litz, 2013) whereas moral injury is based on shame and self-condemnation (Litz et al., 2009; Worthington & Langberg, 2012). Feeling responsible for death, harm, or trauma to others is better accounted for by the concept of moral injury because the victim has either perpetrated or allowed a transgression to occur.

Early studies indicated that 19.1% of Iraq veterans had mental health issues and 9.8% had PTSD, with further studies suggesting that these estimations would rise because of late onset (Drescher & Foy, 2008). These statistics are important because PTSD has been linked to the increase in veteran suicides. It was reported in 2010 that veteran suicides contributed to twenty percent of total suicides reported annually (Lettini, 2013). Treatments like cognitive processing and exposure therapy have proven to be effective in treating some forms of PTSD. However,

large numbers of soldiers continue to suffer from symptoms that while consistent with PTSD, may actually be the result of moral injury.

Violent acts that result in death are a common predictor of PTSD. However, moral injury offers a more accurate explanation of the symptoms that accompany an individual who is responsible for committing a transgression that results in death or harm (Drescher et al., 2011; Litz et al., 2009). For example, PTSD scores were found to be higher for Vietnam veterans who admitted to having killed someone and were even higher if that person was a civilian or prisoner (MacNair, 2002). These findings are consistent with research by Fontana and Rosenheck (2004) which found that the act of killing or failing to prevent it resulted in more severe PTSD, additional mental health problems, and more risk for suicidality. Recent investigations of soldiers involved in Iraqi conflicts found the act of killing to be a predictor for greater PTSD symptoms, alcohol abuse, psychosocial issues, and other mental health problems as opposed to those who did not (Maguen et al., 2010).

Prior research on military populations has found that non-fear based events which feature moral transgressions are far more damaging and demand a higher treatment priority than their fear-based counterparts (Steenkamp et al., 2011). Part of what impedes this treatment prioritization is that PTSD and moral injury share similar symptoms such as depression, social withdrawal, and trust issues making it difficult to distinguish moral injury from PTSD. However, many researchers have acknowledged that moral injury symptoms extend beyond the current PTSD diagnostic criteria (Drescher et al., 2008; Gray et al., 2012; Lettini, 2013; Steenkamp et al., 2011), and some health professionals have even advocated for moral injury to have its own diagnostic category due to the specificity of its cause and severity of symptoms

(MacNair, 2002). Until then, special emphasis needs to be placed on an individual's internal experience, the cause of the traumatic experience, and how the subject relates to it by clinicians in order to properly differentiate moral injury from traditional, fear-based PTSD.

The impact of moral injury can result in severe internal conflict and self-condemnation which can lead to maladaptive coping and even suicide if left unaddressed (Lettini, 2013). Worthington and Langberg (2012) offer a compelling and comprehensive outline about how self-condemnation is prevalent within active-duty military and veterans. They discuss how self-condemnation can be a stress response to perceived wrongdoing (both observed and perpetrated), can result from failing to meet personal expectations, and is interwoven with complex trauma. They believe that self-condemnation results in shame-based emotions, coping behaviors, and changes in cognitions. Interestingly, they found that a direct cost of self-condemnation is a failure to forgive.

Many questions about moral injury exist which leaves the responsibility of discerning the differences between PTSD and moral injury on military medicine and individual clinicians who have an understanding of military trauma. Awareness of moral injury is growing because of increased interest in veteran health but the complexity of moral injury makes diagnostic categorization difficult. Unfortunately, this complexity removes moral injury from public knowledge and more importantly, the resources commonly used to understand and diagnose psychological issues.

Diagnostic considerations and the *DSM-5*

Most of the current literature on moral injury discusses how to differentiate it from the PTSD diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders* 4th Edition

(*DSM-IV*, American Psychiatric Association [APA], 1994). The release of the *Diagnostic and Statistical Manual of Mental Disorders* 5th Edition (*DSM-V*, APA, 2013) makes an attempt at including cognitive and emotional processes associated with moral injury but fails to create a way for clinicians to differentiate it from PTSD.

The release of the *DSM-5* (2013) expanded the definition of PTSD and now includes several criteria which are associated with moral injury that were omitted from *DSM-IV* (1994) and former editions. One example of this is Criterion D; negative alterations in cognitions and mood. The points of Criterion D that specifically apply to moral injury include; persistent (and often distorted) negative beliefs and expectations about oneself or the world, persistent distorted blame of self or others for causing the traumatic event or for resulting consequences, and persistent negative trauma related emotions (e.g., fear, horror, anger, guilt, or shame). The criteria of feeling alienated from others (e.g., detachment or estrangement) are also applicable to people who suffer from moral injury but with the emphasis being on the subject intentionally isolating himself from others. Another example is found in Criterion E which added self-destructive or reckless behaviors to its criteria. However, there are still several factors that are hypothesized to be associated with moral injury that are not included in the criterion for a PTSD diagnosis; negative changes in ethical attitudes and behaviors, change or loss of spirituality, anhedonia and dysphoria, aggressive behaviors, poor self-care, and self-harm (Drescher et al., 2011).

The problems or benefits arising from an expanded definition of PTSD have not been thoroughly researched. However, it is logical to assume that an expanded definition of PTSD, without a subtype or to explain the nuance of moral injury, will merely perpetuate the confusion

that the mental health community has in assisting military veterans. In addition, neglecting the etiology of moral injury complicates and reduces the effectiveness of the treatment process.

The Role of Shame

Previous literature about combat related distress often utilizes the term "guilt" when addressing the act of killing, seeing or committing atrocities, and other combat behaviors (Hendin & Haas, 1991; Kubany, 1994), while others would be more inclined to utilize the term "shame" (Henning & Frueh, 1997). Current literature has benefited from studies which have sought to differentiate the two concepts and how they influence perception and behavior.

The most commonly referenced difference between shame and guilt is that shame includes negative evaluations of self while guilt focuses on evaluations of a behavior (Tangney, Stuewig & Mashek, 2007; Tracy & Robins, 2006). People suffering from shame oftentimes feel worthless, disgraced, and will refer to themselves as "a bad person" resulting in a desire to hide or escape from scrutiny. People suffering from guilt are more likely to be concerned with regret, tension, and remorse stemming from an action or behavior and may be motivated towards reparative action (Dombo, Gray & Early, 2013; Niedenthal, Tangney & Gavanski, 1994; Tangney et al., 2007).

Moral injury is highly influenced by the negative self-appraisals inherent in shame. Shame occurs when an individual intentionally acts or allows a transgression to occur that violates a moral boundary and cannot be assimilated into existing schemas of self (Dombo et al., 2013). These self-appraisals may include the belief that the individual is flawed, worthless, or "bad". Tangney et al (2007) found that shame results in hiding or denying the responsible action, an inability to form empathic connections with others, increased vulnerability to

psychological issues, increases in risky behaviors including drug and alcohol use, and intense anger that is often expressed in destructive or maladaptive ways. With shame being such an influential factor for moral injury, it is logical to investigate ways it might be addressed. One of the most popular ways to address shame is self-forgiveness.

Self-Forgiveness

According to psychological literature, self-forgiveness is commonly defined as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love towards oneself" (Enright, 1996, p.115). A practical definition would be the recovery from moral low points by allowing negative emotions associated with the transgression to decrease where they no longer influence the sense of self (Woodyatt & Wenzel, 2013).

Self-forgiveness is not simply achieved. True self-forgiveness is a long process that requires an individual to be committed to honest self-examination of the event, the people that were harmed, the emotions involved, and the defensive mechanisms that are used to rationalize any wrongdoing. (Hall & Fincham, 2005; Wenzel, Woodyatt & Hedrick, 2012; Worthington & Langberg, 2012). Self-forgiveness should not be mistaken for excusing, passing blame or removing guilt. Self-forgiveness is achieved through accepting responsibility and processing the feelings of remorse in order to shift negative thoughts and feelings and replacing them with compassion and generosity (Wohl, DeShea & Wahkinney, 2008; Worthington & Langberg, 2012).

Self-forgiveness is a difficult construct to measure due to its complexity, abstract nature, and similarity in appearance to a concept known as pseudo self-forgiveness. Pseudo self-

forgiveness occurs when an individual does not accept responsibility for their actions and instead minimizes excuses, denies, or blames the victim in order to rationalize or downplay the severity of their transgressions (Hall & Fincham, 2005; Woodyatt et al., 2013). An individual must acknowledge the wrongdoing and accept responsibility to begin the process of self-forgiveness (Wenzel et al., 2012). Self-forgiveness research repeatedly describes the process of self-forgiveness as being long and requiring significant emotional effort of the individual (Fisher & Exline, 2006; Hall & Fincham, 2005; Wenzel et al., 2012). Although self-forgiveness models differ, there are several themes that are consistent; an objective fault or wrongdoing must be acknowledged, responsibility must be taken for the transgressor's role, guilt or regret about the offense must be experienced, and an internal acceptance must be achieved (Hall & Fincham, 2005; Jacinto, 2011; Wenzel et al., 2012).

Self-Forgiveness as a Mediator of Moral Injury

Successfully engaging in the process of self-forgiveness could moderate the effects of self-condemnation which is highly associated with moral injury and is accompanied by a host of negative emotions such as shame, guilt, remorse, and self-blame (Fisher & Exline, 2006; Lettini, 2013; Litz et al., 2009; Worthington & Langberg, 2012). A study by Hall and Fincham (2005) found that the perceived severity of a transgression was correlated with lower scores of self-forgiveness. These findings suggest that self-forgiveness may offer a way to moderate the shame, guilt, and self-condemnation involved with moral injury. If committing transgressions leads to moral injury, and there are high levels of shame, then it is likely that the perpetrator is inhibited from engaging in self-forgiveness.

Engaging in self-forgiveness may reduce self-condemning thoughts, avoidance behaviors, and feelings of worthlessness. These reductions may result in individuals increasing their ability to trust themselves and others, reframing from self-harming behaviors, and increasing the possibility to experience positive emotions (Jacinto & Edwards, 2011). It may also lead to higher self-esteem, low neuroticism, lower levels of anxiety and depression, and a lack of hostility (Fisher & Exline, 2006).

This project will attempt to bridge the research of moral injury and self-forgiveness. We will attempt to moderate the shame of morally injured individuals by implementing a self-forgiveness intervention over the course of a 28-day course of inpatient treatment of military veterans. We hypothesize the following (a) The intervention group will have significantly lower PTSD scores than those in the control group at discharge, (b) The intervention group will have significantly lower shame scores than those in the control group at discharge, (c) The intervention group will have higher self-forgiveness scores than those in the control group at discharge.

Chapter 2

Methods

Participants

Participants include 40 service members from all major military branches including Army, Navy, Marines, and Air Force Corps. All participants were referred to a private facility that conducts a 28-day trauma and chemical dependency program in a milieu environment. Participants have a range of different mental health issues with PTSD being the most common, often with a co-morbid chemical dependency. Participants demonstrating psychoses or suffering from severe traumatic brain injuries (TBI) were screened out of the research project. Permission to use population was granted based upon IRB review and the CEO approval.

The control group consisted of 20 service members with the age range of 22 to 60. Eighteen members were male and two were female. Seventeen members were Caucasian, two Black, and one was Hispanic. Eighteen members were enlisted and two were commissioned officers. Years of service ranged from 3 to 22. Two members of the group were retired with the rest being active duty.

The experimental group consisted of 20 service members with the age range of 23 to 48. Sixteen members were male and four were female. Thirteen members were Caucasian, three were Asian, two were Black, and two were Hispanic. All members were enlisted with years of service ranging from 2 to 25. Five members of the group were retired and the rest were active duty.

Measures

Moral Injury Event Scale (MIES). The MIES is a 9-item measure that was developed to identify if someone has been exposed to a morally injurious event. Items are answered using a six-point Likert-type scale (see Appendix B). The measure was developed using 1,039 marines of the Marine Resiliency Study which is tasked with longitudinal examination of risk and protective factors for combat-related PTSD. The MIES has an internal consistency of 0.90 and is broken into two factors; Perceived transgressions by self or others (coefficient $a = 0.89$), and Perceived betrayal by others (coefficient $a = 0.82$). Discriminant validity was determined by collecting data using the Combat Experiences Scale ($r = 0.08$) which was hypothesized to be distinct from the MIES. Convergent validity was determined by gathering correlations with the Beck's Anxiety Inventory ($r = 0.28$), Revised Beck Depression Inventory ($r = 0.40$), PTSD Checklist-Specific ($r = 0.28$), and the Interpersonal Support Evaluation List ($r = -0.24$) (Nash et al., 2013).

Posttraumatic Stress Disorder Checklist – Military Version (PCL-M). The PCL-M is a 17-item questionnaire which uses wording and language to specifically anchor the individual taking the test to respond according to stressful events that were experienced while in the military (see Appendix B). The items in the questionnaire were developed and correspond to *DSM-IV* (1994) PTSD symptoms. The PCL-M was validated using Vietnam and Persian Gulf veterans and has test-retest reliability of .96 over the course of three days. The PCL-M also showed internal consistency above .75 in both male and female veterans of Iraq and Afghanistan. Convergent validity was determined by comparing the PCL-M to the PTSD section of the

Structured Clinical Interview for *DSM-III* where it had a kappa of .64 (Wilkins, Lang & Norman, 2011).

The Experience of Shame Scale (ESS). The ESS is a 25-item questionnaire which assesses three different kinds of shame (see Appendix B). Individual subscales of characterological, behavioral, and bodily shame resulted in internal consistencies of .90, .87, and .86 and test-retest reliabilities were .78, .74, and .82, respectively. The overall scale has a high internal consistency (coefficient a = .92), and test-retest reliability of r = .83 over 11 weeks. Construct validity was determined by comparing the ESS and its subscales to the Test of Self-Conscious Affect (TOSCA) which has subscales of shame and guilt. The overall ESS scale was significantly correlated with the TOSCA shame scale (r =.61 p < .001), with the subscales of characterological, behavioral, and bodily shame also showing respective correlations to the TOSCA shame scale (r = .51, .55, .53 p < .001). The ESS scales exhibited further construct validity by having lower correlations with the TOSCA guilt scale (r =.16, .22, .23 p < .001), thereby providing evidence that the ESS is measuring shame more than guilt (Andrews, Qian & Valentine, 2002).

State Self-Forgiveness Scale (SSFS). The SSFS is a 17-item questionnaire which consists of two subscales; self-forgiving feelings and actions (SFFA), and self-forgiving beliefs (SFB). The SFFA consists of nine items and the SFB consists of eight. These scales are used to measure an individual's beliefs and views of self-forgiveness (see Appendix B). Both SFFA and SFB scales show internal consistencies of .86 and .91 (Cronbach alpha). Item response analysis was used to determine reliability of the individual scales and found that the SFFA = .99, and SFB = .95 (Wohl et al., 2008).

Procedures

Permission was obtained to gather information from a population of active duty service members who were admitted to an inpatient hospital. Referrals consisted of a wide range of mental health issues with PTSD and substance abuse dual diagnoses being the most common. Group therapy is the primary form of treatment with cognitive processing therapy (CPT) being the standard of care for patients suffering from PTSD. Participants filled out the aforementioned scales as part of their admissions process along with informed consent. Participants were assigned identification numbers by the principal investigator in order to ensure privacy.

Participants were required to complete the 28-day course of therapy as prescribed in the hospitals treatment plan. Admitted participants did not enter the program in cohorts, and were simply admitted when they arrived at the facility. This admission process created overlapping treatment periods for the milieu population. In order to accommodate equal exposure, intervention groups were provided twice, every other weekend. This guaranteed that every participant would have four exposures during the course of their treatment, regardless of admission date.

Control group data was collected over the course of three months in which participants filled out the aforementioned scales but did not receive treatment. The next three months consisted of the same data collection while implementing the treatment in order to obtain the experimental group. Random assignment was not possible due to the milieu setting. Patients would have been aware that the groups were receiving different treatment.

Intervention

Participants in the experimental group received the following treatments (see Appendix A). The first group session had an emphasis on psycho-education which defined self-forgiveness, the process of achieving it, and differentiated self-forgiveness from common misperceptions. The first group also discussed the differences between shame and guilt. The second group session focused on identifying the personal values, morals, or beliefs which participants felt were violated or broken as a result of their actions. The third group session provided an opportunity for participants to share their trauma story. Each story was written out and considered a component of CPT, which all participants received as part of their standard treatment. The purpose of this session was to have participants identify the specific incidents where personal values were violated, and how these incidents contributed to their feelings of shame. The last group session integrated all the concepts that have been discussed and emphasized how self-forgiveness was an ongoing process. Group participation included completing handout exercises, application of concepts within individual experiences of trauma, personal disclosure, and engaging in group discussion. Participants also were assigned exercises to complete between groups which emphasized learning in prior groups and prepared them for the next group. Participants completed the questionnaires again upon discharge.

Collected data was examined using four ANOVA analyses. This analysis was appropriate for this study due to the presence of multiple dependent variables (DV); shame, moral injury, self-forgiveness, and PTSD symptoms. These ANOVA analyses were expected to show whether or not the intervention facilitated changes within the DV's. Data was also

analyzed with Pearson's *r* to determine if correlations existed between the DV's upon intake and discharge.

Chapter 3

Results

Group Comparison

A one-way ANOVA was conducted to determine if there any significant differences between the control and intervention groups (see Table 1). Upon admittance to the program, there were no significant differences found in the areas of self-forgiving feelings and actions, $F(1,38) = 1.485$, $p = .231$, $\eta^2 = .037$, moral injury, $F(1,38) = .099$, $p = .754$, $\eta^2 = .002$, and PTSD, $F(1,38) = .035$, $p = .853$, $\eta^2 < .001$. However, there were significant differences between the groups for self-forgiving beliefs, and shame,. Self forgiving beliefs was significantly lower in the intervention group ($M = 19.30$, $SD = 7.328$) versus the control group ($M = 30.35$, $SD = 10.424$), $F(1,38) = 15.041$, $p < .001$, $\eta^2 = .283$. Shame also was significantly higher in the intervention group ($M = 72.00$, $SD = 19.117$) than the control group ($M = 59.30$, $SD = 19.792$), $F(1,38) = 4.489$, $p = .041$, $\eta^2 = .105$.

Upon discharge, the groups showed a significant difference on only one factor. Self-forgiving feelings and actions showed a significant difference ($F(1,38) = 19.210$, $p < .001$, $\eta^2 = .335$) with the intervention group scoring significantly higher ($M = 40.65$, $SD = 9.593$) than the control group ($M = 27.65$, $SD = 9.161$). Self-forgiving beliefs, $F(1,39) = .021$, $p = .886$, $\eta^2 < .001$, shame, $F(1,39) = .472$, $p = .472$, $\eta^2 = .013$, moral injury, $F(1,39) = .372$, $p = .545$, $\eta^2 = .009$, and PTSD, $F(1,39) = .035$, $p = .853$, $\eta^2 < .001$, failed to display any significant differences at discharge.

Table 1

One-Way ANOVA Between Groups

Variable	F	P	η^2
SFFA-Pre	1.48	.231	.037
SFFA-Post	19.21	<.001	.335
SFB-Pre	15.04	<.001	.283
SFB-Post	.02	.886	.000
MIES-Pre	.09	.754	.002
MIES-Post	.37	.545	.009
ESS-Pre	4.48	.041	.105
ESS-Post	.52	.472	.013
PCL-M-Pre	.00	.928	.000
PCL-M-Post	.03	.853	.000

Note: SFFA = Self-Forgiving Feelings and Actions, SFB = Self-Forgiving Beliefs, MIES = Moral Injury Events Scale, ESS = Experience of Shame Scale, PCL-M = Posttraumatic Checklist-Military Version. Pre = Data collected before treatment, Post = Data collected after treatment., F = F-ratio, P = p-value, η^2 = eta squared.

Control Group

Several one-way repeated measures ANOVA were conducted to determine whether there were statistically significant differences in the DV's after completing the standard inpatient program without the intervention (see Table 2).

Significant differences between admission and discharge were not found in the standard treatment only group (i.e., the control group) for shame, $F(1,19) = .1.178$, $p = .291$, $\eta^2 = .012$, self-forgiving feelings and actions, $F(1,19) = 4.343$, $p = .261$, $\eta^2 = .020$, self-forgiving beliefs, $F(1,19) = 2.114$, $p = .162$, $\eta^2 = .032$, or moral injury, $F(1,19) = .546$, $p = .469$, $\eta^2 = .013$. However, there were significant differences in PTSD scores, $F(1,19) = 8.048$, $p = .011$, $\eta^2 = .069$, between intake ($M = 63.35$, $SD = 11.645$) and discharge ($M = 55.10$, $SD = 18.538$).

Table 2

Repeated Measures ANOVA (Control Group)

Variable	Pre		Post				
	M	SD	M	SD	F	P	η^2
SFFA	25.05	9.24	27.65	9.16	1.34	.26	.02
SFB	30.35	10.42	34.00	10.04	2.11	.16	.03
MIES	34.35	6.13	36.05	8.72	.54	.46	.01
ESS	59.30	18.79	63.55	19.79	1.17	.29	.01
PCL-M	63.35	11.64	55.10	18.53	8.04	.01	.06

Note: SFFA = Self-Forgiving Feelings and Actions, SFB = Self-Forgiving Beliefs, MIES = Moral Injury Events Scale, ESS = Experience of Shame Scale, PCL-M = Posttraumatic Checklist-Military Version. M = Mean, SD = Standard Deviation, F = F-ratio, P = p-value, η^2 = eta squared.

Intervention Group

Several one-way repeated measures ANOVA were again utilized in order to determine whether the intervention elicited statistically significant differences among DV's (see Table 3).

Table 3

Repeated Measures ANOVA (Intervention Group)

Variable	Pre		Post				
	M	*SD*	*M*	*SD*	*F*	*P*	η^2
SFFA	29.25	12.33	40.65	9.59	15.43	.00	.21
SFB	19.30	7.32	34.40	7.21	48.46	.00	.53
MIES	35.25	11.19	34.40	8.37	.17	.68	.00
ESS	72.00	19.11	67.75	16.66	2.07	.16	.01
PCL-M	63.70	12.55	56.10	15.32	9.14	.00	.07

Note: SFFA = Self-Forgiving Feelings and Actions, SFB = Self-Forgiving Beliefs, MIES = Moral Injury Events Scale, ESS = Experience of Shame Scale, PCL-M = Posttraumatic Checklist-Military Version. M = Mean, SD = Standard Deviation, F = F-ratio, P = p-value, η^2 = eta squared.

No significant differences were found for shame, $F(1,19) = 2.071$, $p = .166$, $\eta^2 = .012$, or moral injury, $F(1,19) = .173$, $p = .682$, $\eta^2 = .014$. However, there were significant differences in self-forgiving feelings an actions, $F(1,19) = 15.439$, $p = .001$, $\eta^2 = .218$, which showed improvement between intake ($M = 29.25$, $SD = 12.337$) and discharge ($M = 40.65$, $SD = 9.593$). Self-forgiving beliefs also showed significant differences, $F(1,19) = 48.464$, $p < .001$, $\eta^2 = .531$, between pre ($M = 19.30$, $SD = 7.328$) and post data collection ($M = 34.40$, $SD = 7.214$). Finally, the PTSD scores decreased between the beginning ($M = 63.70$, $SD = 12.553$) and the end of the treatment phase ($M = 56.10$, $SD = 15.328$), $F(1,19) = 9.142$, $p = .007$, $\eta^2 = .071$.

Chapter 4

Discussion

The goal of this study was to examine whether or not a self-forgiveness intervention could affect several variables that are related to moral injury such as shame, self-forgiveness, and PTSD symptoms. Prior research has illustrated that moral injury is a clear and present issue that lacks empirically validated treatment procedures. This project was created in order to help address a gap within the research, exploring an intervention that may be beneficial in addressing the problem of moral injury. This project is unique because it pairs a theoretical and intrinsic intervention (self-forgiveness) with a proven modality, CPT, in order to explore how the intervention may affect shame, self-forgiveness, and PTSD in soldiers who suffer from moral injury.

The study collected data from two groups of patients who admitted to an inpatient facility for PTSD and other trauma related issues. Both groups received a variety of different services including cognitive processing therapy, pain management, chemical dependency groups, music and art therapy, and medical services. However, only the intervention group received the self-forgiveness treatment. Both groups showed significant reduction in PTSD scores. However, none of the other DV's in the control group were affected which shows that the patient's proclivity of having self-forgiving beliefs, feelings, and actions about these traumatic events is limited and unchanged by the current standard of care.

The intervention group also showed statistically significant gains in both self-forgiveness domains. Worthington and Langberg (2012) propose that military personnel are prone to experiencing self-condemnation which is highly associated with moral injury. We agree with their belief that long-standing self-condemnation may result in an assortment of negative sequelae if unaddressed. Further, according to Woodyatt and Wenzel (2013), failure in self-forgiveness can be associated with psychopathology, depression, anxiety, and decreased life satisfaction. The significant increase in self-forgiveness concepts within the intervention group illustrates two important things to consider; (a) the intervention succeeded in the goal to increase self-forgiveness, and (b) if self-forgiveness is truly the inverse of self-condemnation, then those increases in self-forgiveness provide a greater opportunity to move forward and experience positive outcomes in the future.

We hypothesized that shame would decrease as self-forgiveness increased. Although the intervention group did exhibit a slight decrease in shame, it was not enough to be considered statistically significant. It is interesting to note that the control group exhibited an increase in shame which was roughly equivalent to the decrease the intervention group benefited from. The intervention group's lack of a significant decrease in shame underscores the enduring nature of internalizing self-condemnation, self-hate, remorse and other negative evaluations of self. While we had hoped that the intervention would have accounted for a greater decrease in shame, the lack of significant movement is not entirely surprising. Many researchers agree that self-forgiveness is a long and arduous process which requires self-reflection, replacing negative emotions or condemnation with compassion, mercy, generosity, and love. It also requires a full acceptance of responsibility in participation of the transgression (Hall & Fincham, 2005; Wohl et

al., 2008; Woodyatt & Wenzel, 2012; Worthington & Langberg, 2012). Reducing the feelings of shame associated with trauma or moral injury is a process that likely extends far beyond any treatment phase (Fisher & Exline, 2006; Thompson et al., 2005). The hope is that patients who have been given the intervention would continue to engage in the proper emotional work, reparations, value and moral reinforcement, and social engagement which would lead to further reductions in shame and shame-based emotions over time.

The study also provided several interesting things worthy of note. First, the intervention was successful at significantly increasing self-forgiveness. Both subscales showed significant increases over the course of treatment. While the SFFA subscale scores showed no significant differences between groups upon intake, there was a significant difference after treatment. Those SFFA scores revealed significantly higher scores for the intervention group upon discharge which was a clear indication that the intervention succeeded at increasing self-forgiveness.

Interestingly, the SFB subscale did not show any significant differences between groups upon discharge. However, it is important to remember that the intervention group scored significantly lower in the SFB at the beginning of treatment. This suggests that the intervention may have had a dramatic effect within intervention group, increasing their SFB scores to the point where there was no longer a significant difference between the groups upon discharge.

The intervention group scores either increased or decreased as we had hoped in every target variable. Self-forgiveness increased which, if maintained, could lead to positive outcomes such as reductions of internalized blame, trauma related anxiety, maladaptive coping behaviors, in addition to increases in self-worth, value-oriented behaviors, and overall mental health (Wohl

et al., 2008; Worthington & Langberg, 2012). PTSD was also significantly decreased in the intervention group. This decrease was greater than the change in the control group and indicates that the intervention was able to either decrease the severity of PTSD symptoms or enable the patient to cope with them in such a manner that it translated directly into reductions in PTSD symptoms as measured by the PCL-M checklist. Shame was also reduced in the intervention group, albeit not to a statistically significant degree. However, this gain should not be discounted considering that the shame scores in the control group actually increased through the treatment phase. Also, shame scores were significantly different between the two groups upon intake, with the intervention group scoring significantly higher than the control. After treatment, there were no significant differences between groups, which suggests that the intervention was successful in moderating shame to some degree.

In summary, the project had three hypotheses that were examined; (a) the hypothesis that the intervention group would show significantly lower PTSD scores than the control group was not upheld, (b) the hypothesis that the intervention group would show significantly lower shame scores upon discharge was not upheld, and (c) the hypothesis that the intervention group would have higher self-forgiveness scores than those in the control group was supported on the SFFA subscale but not the SFB. These results should be interpreted with some caution when considering whether or not self-forgiveness is a useful intervention. The fact that there were significant differences between the groups entering into treatment should be not be overlooked and, in fact, may lend some measure of credit to how self-forgiveness may assist in the treatment of moral injury and PTSD.

Limitations

Although every effort was made to have both groups equal in treatment with the exception of the intervention, there were still some differences. Due to the milieu setting, a true experiment could not be accomplished since patients receiving the intervention could not be separated from the community. Therefore, random assignment could not be accomplished without the possibility of cross-contamination of groups. As a result, the control group data was collected first over the course of several months, which was then followed by a several more months of data being collected while the intervention was performed.

Another limitation, which could not be predicted, was that a staffing change occurred between the data collection periods for the control and intervention groups. The primary therapist who conducted the cognitive processing therapy retired. A new therapist was brought in after some time and needed training in order to properly run the CPT groups. This resulted in the control group having a highly competent CPT therapist and the intervention group having to adjust to a therapist new to conducting CPT and managing group processes. The fact that the intervention group still showed a greater decrease in PTSD symptoms is a strong indication that the intervention was useful in treatment of PTSD.

Finally, the patients were all diagnosed with PTSD and most had chemical dependency issues. However, we could not control for prior psychopathology or diagnoses that were present prior to military service or traumatic events.

Future Research Considerations

Several aspects of this research project revealed the complexity and nuance that moral injury creates within service members who suffer from PTSD. The symptoms of PTSD and self-condemnation or shame can be very similar yet require very different forms of intervention. Per

member feedback, some of the most helpful exercises within this project involved defining shame and helping members understand how it influenced their thoughts and feelings and how it perpetuates a destructive cycle of avoidance, withdrawal, and negative coping styles. Any future projects that hope to treat moral injury in either military or civilian populations should include some type of defining and identification process.

Some other considerations for future projects would include the following; (a) a longitudinal study would provide valuable information about whether or not self-forgiveness interventions have an impact on patient shame over the course of time. Ideally, follow-up data would be collected every six months for at least two years, (b) this study did not take a member's sense of hope or hopelessness into account. Future projects with self-forgiveness interventions in mind should incorporate a measure that monitors hope and hopelessness. Prior research has found that hopelessness has a strong relationship to both shame and perceived transgressions committed by the self. Hopelessness is also linked to suicidality in patients who suffer from moral injury (Bryan et al, 2014), (c) a deeper investigation into how spiritual and religious backgrounds influence moral injury, the severity of shame, and the propensity for self-forgiveness would be useful. Does spirituality or religiosity present as a protective factor against moral injury and shame, or another example of a violated value? Lastly, (d) another study of self-forgiveness as an intervention alongside prolonged exposure (PE) would be interesting. PE and CPT are two of the military's preferred methods in treating PTSD. It would be interesting to see if adding self-forgiveness interventions within the PE standard of care would promote greater reductions in shame and PTSD than what was found in CPT.

Finally, the intervention used covered multiple topics: shame, self-forgiveness, personal values, and the integration of these concepts into the patient's traumatic event. These topics were covered over the course of four, 90 minute group sessions. Future research might have more success in developing self-forgiveness and shame reduction if there were more group meetings. However, this research proved that even within the span of four sessions, some significant changes could occur when introducing self-forgiveness to a traumatized population.

Implications

The primary goal of this study was to create an intervention that might help alleviate moral injury. Victims of moral injury suffer from self-condemnation and an inability or refusal to engage in self-forgiveness. While this project proved that the intervention was able to increase self-forgiving beliefs, feelings, and actions, it failed to reduce shame and moral injury scores as anticipated. It is hoped that further research, possibly altering the design of the intervention in some fashion, might developed treatments that will both maintain the increased self-forgiveness achieved in this study, as well as accomplishing a reduction in shame and moral injury.

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Appendix A

Self-Forgiveness Protocol

Self-Forgiveness: Addressing Moral Injury

4- session manual

A Brief Intervention Developed to Enhance and Foster Trauma-related Self-Forgiveness

Joel Snider, MA
George Fox University

Introduction

The purpose of this intervention is to reduce feelings of shame that are associated with moral injury. The intervention is brief and consists of four sessions which have been developed to be used in a group therapy setting for individuals that have experienced a traumatic event. This group intervention was also designed to be conducted in tandem with cognitive processing therapy (CPT), and utilizes the accounts that are written according to CPT protocol.

Session I: Education

GOALS

- Be able to define self-forgiveness.
- Be able to identify personal reactions that inhibit or mimic self-forgiveness.
- Be able to identify the difference between guilt and shame.

MATERIALS

- ** Finding Forgiveness Exercise (reference on p.6)
- Shame vs. Guilt Worksheet
- What are Values Worksheet
- Basketballs

SESSION SCHEDULE

Opening: 5-10 minutes

Leader introduces him/herself and briefly describes the purpose of group.

Example:
"Hello everyone. My name is _____ and I'll be leading your through a set of groups that focuses on self-forgiveness. Self-forgiveness is something that you have all heard of but is actually very difficult to understand and even more difficult to practice. Self-forgiveness is a process that takes commitment. I invite everyone to share their thoughts, ideas, and experiences. One of the most important steps in achieving self-forgiveness is the ability to share and I'm hoping that each and every one of you can embrace that important step".

"The purpose of today's group is to discuss the basic definition of self-forgiveness and what makes it difficult to achieve. We will also be talking about the differences between guilt and shame and how shame plays an important role in restricting us from self-forgiveness."

**Activity: Finding Forgiveness (20-25 minutes)

Leader explores group understanding of self-forgiveness. The following questions should be asked in order to promote conversation and discussion. Each question should be followed by an appropriate amount of time to address answers that the group is willing to provide. The leader should write responses on a white-board if available. Questions include:

1. "What words or definitions come to mind when thinking about forgiveness?"
2. "How do you go about forgiving someone?"
3. "How do you go about forgiving yourself?"

Leader passes out Finding Forgiveness handout with these instructions:
"This sheet has thirteen different ways that people respond when faced with personal injustice or being wronged. Let's read these out loud. I'll read the first and then the person to my right will read the next until finished".

When finished:
"There are two accurate descriptions of forgiveness. Pick which two you think are the best and write them in the statement below."

Turn to the Explanations for Non-Forgiveness Options:
"Now let's flip the page and read the explanations. Let's read them in a circle again. I'll start".

When finished, continue discussion using the following questions or exercises as guides:

1. Leader may refer to previous definitions recorded on white-board and compare answers to non-forgiveness responses. Discuss trends in whiteboard answers.
2. Leader may take a poll and see how popular each option was by a show of hands.
3. "How many of you got both right? One right?"
4. "Does anyone have an opinion on why these two forgiveness options seem more difficult than the others?"

Activity: Shame vs. Guilt Worksheet (25-45 minutes)

Leader introduces the next exercise by gathering general understanding of shame and guilt within the group. Questions should be recorded on a white-board. Questions include:

1. "What is your understanding of shame? Tell me what you think the definition is. There is no right or wrong answer. Just throw out words if you need to".
2. Do the same with guilt.

Responses will likely be extremely varied. Validate every member who shares and emphasize the fact that there is no right or wrong answer.

Leader passes out Shame vs. Guilt Worksheet. Leader will read the intro paragraph and instruct the group to take turns reading the shame points. (Same as the prior exercise). Leader should ask and address the following questions before moving to the Application section:

1. "Do you have any questions or concerns about these explanations?"
2. "What do you think about these explanations? Are they clear?"
3. "Do they help you understand the concepts of shame and guilt better?"
4. "Do you agree with them? Disagree with them? Why?"

Move on to the Application section of the worksheet after addressing questions. Leader reads the introduction. Group will take turns reading the scenarios. After each scenario, the Leader will ask the group whether or not the person in the scenario is feeling guilt or shame. Take an appropriate amount of time to address and answer questions or clarify why either guilt or shame is the predominant feature.

Shame vs. Guilt Worksheet Answers

A. **Guilt:** Man immediately engages in reparative action and accepts responsibility.
B. **Shame:** Boy withdraws and uses avoidance as a coping strategy to remove possibility of further shame.
C. **Shame:** Man does not feel comfortable sharing news with those closest to him (wife), and makes up a story to cover up what happened.
D. **Guilt**: Young woman accepts responsibility for her wreck and makes appropriate attempt at fixing the problem.
E. **Shame:** Pastor social isolates from former community. We can assume that shame is present due to the poor communication and abrupt departure. Avoidance.
F. **Shame:** The decision to keep the assault secret indicates a shame response. The binge drinking represents a negative coping style.
G. **Shame:** Athlete displays anger/defensiveness when confronted with a previously negative event.
H. **Guilt:** Explanation implies that this is a story that the group talks about a lot and with a degree of humor. It also implies that both men continue to hunt together. A shamed person would not react in a positive manner and they would likely withdraw from social group.
I. **Shame:** Pitcher wants to isolate and avoid the shaming event (pitching) but is shown support and is willing to re-engage.

**** <u>Exercise: Burden of Unforgiveness (5-10 minutes)</u>**

Leader passes out basketballs to members and introduces activity.

Example:

"Shame is a burden which we carry around. You may not be aware of it but it hinders us and restricts us from fully enjoying the life that we have. Shame is directly connected to our ability to forgive ourselves. If we feel shame because of an event, we avoid it in the future along with

anything else that reminds us of it. This reduces what we can enjoy in life and narrows our ability to experience things."

"I want you to pick up the ball and hold it straight out if front of you with both hands. Now I want you to imagine that this ball is shame, negative thoughts and feelings.

Leader waits while members complete directions. Wait for approximately 30 seconds and continue.

"Now I want you to imagine what it would be like to walk around like this all day. Are your arms getting tired? How would you do all the activities that you normally do? How many things would you avoid because of this burden?"

Leader continues to let members hold the ball.

"You may not be ready to let go of your burden, but I want you to let the ball drop and let your arms return to their normal position. (Allow members to follow directions). *Do you feel that physical relief? And how about ability to use your arms? You have just been given the freedom to function as you normally would and it's the same freedom you will have when you are ready to let go of whatever personal shame you carry."*

RECAP:

Leader re-visits the important points of the session

1. Ask the group to define emotional and decisional forgiveness.
2. Ask the group to list at least five ways that people respond that are non-forgiving.
3. Ask the group to name the differences between guilt and shame (as many as possible).

HOMEWORK:

Leader hands out What Are Values Worksheet with the following instructions.

"Please read this handout between now and the next time we meet. It is short and will prepare you for what we are going to talk about during the next group. There is a small section which asks you to fill in some answers that are specific to you. Thank you all for your participation and I look forward to next time we meet"

** Permission was granted to use exercise which is can be found in the following:

Griffin, B., Worthington, E. L., Jr., & Lavelock, C. R. (2012). *Moving forward: Six steps to forgiving yourself and breaking free from the past (Self-directed learning workbook: An*

intervention designed to promote self-forgiveness). Unpublished workbook, Virginia Commonwealth University

Session 2: Values Identification

GOALS

- Be able to identify personal values
- Be able to identify which values were broken or neglected by actions
- Understand the how shameful thoughts, feelings, and emotions are related to violated values.

MATERIALS

- ACT card-sort
- Personal Values Worksheet

SESSION SCHEDULE

Opening: 15-20 minutes
Leader welcomes members, briefly introduces purpose of the group, asks refresher questions, and does a homework check.

Example:
"Good morning everyone. Today's group will be looking at personal values and how they play a significant role in the way that we view ourselves. Our values are very important, they have been developed over the course of our lives, and are the product of our experiences. Our values can also be the source of shame when we violate or break them."

Refresher Questions:
Leader asks several questions about concepts related to the previous group. Answers do not need to be recorded.

Example:
"Before we start, I want to ask a few questions about the last group so that we keep the ideas fresh. You can refer to your handouts if you want."

1. "Tell me definitions of decisional and emotional forgiveness?"
2. "What are some ways that people respond to events that are non-forgiving?"
3. "What are the differences between guilt and shame?"

Homework Check

"Based off of the What Are Values Handout that I gave you at the end of the last group, tell me some words or phrases that help define what a value is."

Leader may utilize white-board to record answers. The following questions should be asked to encourage discussion:

1. "Give me some words or phrases that define a personal value."
2. "Why are they important to you?"
3. "How easy was it for you to name your values?"
   ** Leader can ask members to each name one if appropriate for group.

Activity: ACT card-sort (20-30 minutes)

Leader passes out the ACT cardsort to each member with the following instructions:

Step 1:

Members will separate the value cards into separate piles depending upon how important they are to the member.

Example

"I mentioned earlier that our values can be very clear but some may be implicit. This exercise will help to identify what our values are. Each one of these cards has a value written on them. I want you to read each value and then determine whether it is VERY IMPORTANT, KIND OF IMPORTANT, or NOT VERY IMPORTANT to you. Be honest with yourself. Nobody else will read these unless you want to share them. It's critical that you make these piles according to what's important to YOU, not what you think other people would believe are important. Make three piles as you go through the cards based on importance".

Leader allows an appropriate amount of time to pass while answering any questions members have. Move on to step 2 after members have laid out all the cards into three piles.

Step 2:

Members separate cards in the VERY IMPORTANT pile into two more piles.

Example:
"Take the KIND OF IMPORTANT and NOT VERY IMPORTANT piles and set them aside. I want you to take the VERY IMPORTANT pile and separate them again into two piles; VERY IMPORTANT and THESE MAKE UP WHO I AM".

Leader allows a shorter amount of time to pass while assisting members. Members are encouraged (but not forced) to make two different piles.

"That last step was probably challenging. It's very difficult to rank values that are important to you. I want you to keep this last set of values separate from the others because there is a worksheet that you will be completing later which will require you to write some things about your values."

Allow members to keep both piles in Step 2 if they have difficulty separating them.

Leader may ask the following questions if time allows:

1. "Are the values that you chose what you expected?"
2. "Are you surprised by any values you picked? Surprised by any values that DID'T make it?"

Activity: Violating Your Values (25-45 minutes)

This activity identifies the different emotional responses that members may have when violating their values. Leader should record answers on white-board.

Step 1:

Members identify emotions, negative thoughts, and negative evaluations that result from breaking or violating their values.

Example:
"I want you all to look at the cards that you ended up with during the last exercise. This pile should consist of the values that believe are the most important to you or make up your self-perceptions. Now I want you to imagine what kind of thoughts or feelings someone would have if they violated or contradicted those values. There are no right or wrong answers. Let's go in a circle."

Leader moves onto step 2 once every member has given an answer.

Step 2:

Leader briefly recaps definitions of shame and guilt and then instructs members to identify which term best describes the emotions, negative thoughts, and negative evaluations from Step 1.

Example:
"We talked about the definitions of shame and guilt in the previous group. Can you tell what they were?"

Leader takes time to hear responses and add accordingly so that there is a clear understanding of what the definitions of shame and guilt are. Leader can write them on whiteboard if appropriate. Once definitions have been clearly defined, Leader returns to the responses that members gave in Step 1. Leader asks group to identify whether responses are more accurately defined by guilt or shame.

Example:
"Now, I'm going to repeat the emotions, negative thoughts, and negative evaluations that we wrote down earlier and as I do, I want you tell me whether they sound more shame based or guilt based. Some of these may be tricky so you can refer to your Shame vs. Guilt Worksheet if you want."

RECAP & HOMEWORK

Leader thanks group for sharing and validates the difficulty of sharing. Instructs members to bring their CPT accounts with them to the next group.

Example:
"We've talked about a lot of things in the past two days and you've had a lot of information thrown at you. I really appreciate everyone's willingness to contribute to the group and share your thoughts. I hope that the exercise today has helped you to think about your values and how they influence your life, thoughts, and choices. The next group will integrate how self-forgiveness can play a huge role in moving past our value violations. Please remember to bring your CPT account with you to the next group, along with this homework assignment."

Leader hands out Personal Values Worksheet with the following instructions.

Example:
"This homework assignment requires you to use the value cards that we used earlier in the group. You will write down the ones that were most important to you and then answer the following questions. This assignment will highlight the way that people tend to focus on negative behaviors while ignoring the positives".

Session 3: Self-Forgiveness Integration

GOALS

- Be able to identify where shameful emotions or thoughts and value violations occur in CPT account.
- Be able to identify exactly what part of the account that they need to forgive.
- Be able to either commit to decisional forgiveness or identify why not.

MATERIALS

- ** Decisional Self-Forgiveness Contract
- CPT account
- Highlighters and pencils (enough for the group)
- Sticky notepads (enough for the group)
- Forgiveness Exercise
- Emotional Self-Forgiveness Worksheet

SESSION SCHEDULE

Opening: (5-10 minutes)

Leader welcomes members, briefly introduces purpose of the group, asks a few refresher questions, and does a homework check.

Example:
"Welcome back. Today, we will focus on applying what we have learned in the previous groups to your individual stories that you've shared in your CPT accounts. However, I'd like to ask you a few review questions first".

Refresher Questions

Leader asks several questions about concepts related to the previous groups. Answers do not need to be recorded.

1. "Tell me definitions of decisional and emotional forgiveness?"
2. "What are some ways that people respond to events that are non-forgiving?"
3. "What are the differences between guilt and shame?"

4. "Why are personal values and why are they important?"

Homework Check
Leader asks members to share their thoughts about the Personal Values Worksheet.

Example:
"Everyone should have completed the Personal Values Worksheet that I gave you at the end of last group. I'd like to hear any thoughts that you had when filling it out."

The following questions may be asked to stimulate conversation:
1. "Were parts of the assignment difficult?"
2. "Were you able to name off evidence that reinforced the values that you think were broken? How difficult was that?"
3. "Did the evidence that you listed seem to outweigh the violation or vice versa?"

Activity: CPT Review (30-45 minutes)
Leader checks to see if members brought CPT account. Allow members to retrieve it if forgotten. Leader then instructs members to identify where shame, value violations, and the need for self-forgiveness are applicable.

Example:
"Did you all remember to bring your CPT accounts with you? If not, please grab them. The next exercise will require you to highlight parts of your account.

Step 1:
Leader passes out highlighters and waits for members to return. Leader will instruct everyone to highlight areas of the CPT account that indicate shame, value violation, and a need for forgiveness. Sticky notes will be utilized to name violated values and the specific event that needs to be forgiven. Move on when everyone is present and ready.

Example:
"By now, everyone one of you should have written this CPT account several times. You should be familiar and have discussed the different stuck points along the way. Today we are going to integrate the concepts that you have learned in these groups."

"I want you to highlight any sentence or description that conveys shameful thoughts, feelings, or emotions. I also want you to highlight any part that indicates a violated value. I want you to write the value you think was violated on the sticky note and put it close to the highlighted area.

Lastly, I want you to highlight any area that you think needs to be forgiven in order to move on. Put a sticky note next to that area as well with the word "forgive" on it."

Make sure to tell members that they need to rely on their personal experience of the event, not just the written account, to identify the proper parts. Leader gives a mock scenario.

Example:
"This is probably not going to be easy. This is going to require you to think beneath the words. For instance, most of you probably don't have the words "shame" or, "value violation" in your accounts. However, someone may have a story where a comrade was hurt and the writer feels responsible. Maybe they think that the event could have been avoided if they had moved faster."

"What would some shaming thoughts or feelings be based on that scenario? What would the violated value be?"

Take time for the group to list some answers before moving on.

"Good. It will take honest reflection to get at these concepts but I know that you can do it. You can refer to the Personal Values Worksheet, Shame vs. Guilt Worksheet, or Finding Forgiveness Exercise if you need help with identifying which parts of the account might be related to shame, values, or forgiveness. Begin".

Step 2:
Leader allows group to work on CPT account. After 10-15 minutes (or when group appears finished), Leader reconvenes group and asks for volunteers to share.

Example:
"I see that most of you are finished. I'm wondering if anybody would be willing to share how they identified their account. You can share whatever you are comfortable with. The details of the event are not the focus. The important thing is how you relate to the event. The parts that I ask you to identify are the following;

1. "Were there shameful thoughts, feelings, or self-evaluations based on the event?"
2. "What was the violated value?
3. "Has that violation been forgiven? If so, how do you know?"

Allow the group to share according to comfort level.

Activity: Emotional and Decisional Forgiveness (10-15 minutes)
Leader introduces activity and hands out Forgiveness Exercise.

Step 1:
Leader will ask members to remember back to a time when someone transgressed against them, asked for forgiveness, and received it from the member. Leader will explore what decisions and emotions made that forgiveness possible.

Example:
"There are two parts to this exercise. I want you all to think of a time when you forgave someone who was close or trusted but had wronged you in some way. I want you to think about the offense and what you thought when they admitted it to you. Now look at #1 on the Forgiveness Worksheet. Highlight the words that best describe what you felt."

Leader takes time for members to complete activity and then asks for members to share some of the words. Leader should record answers on whiteboard. Leader should be aware of positive answers (Empathy, Acceptance, ect) and explore reasons behind them. Move to step 2 once complete.

Example:
"You said "understanding". Why were you understanding?"

Step 2:
Leader asks members to select the appropriate words to describe what they felt when they chose to forgive the offender. Answers should again be recorded on whiteboard under different heading.

Example:
"Now, move to the second question and choose the words that accurately reflect how you felt when you chose to forgive them".

Leader takes time for members to complete activity and then asks for members to share some of their answers. Leader should explore reasons behind answers.

Example:
"Would anyone like to share some of their answers? Why were you able to feel *positive feeling* *for the person?"*

Exercise Wrap-Up:
Leader points out how members used both decisional and emotional forgiveness during the last exercise and emphasizes that this is the same process that must be completed in order to gain self-forgiveness. It is likely that members will not be able to relate to experiencing the feelings in #2 because they have yet to engage in appropriate emotional self-forgiveness.

Example:
"Do you remember the concepts of decisional and emotional forgiveness that we discussed in previous groups? Some of you demonstrated the ability to do that during this exercise. You CHOSE to forgive the other person and not pursue vengeance, justice, or "getting even". Then you were able to EMOTIONALLY replace the anger and frustration with positive emotions like sympathy, understanding, kindness, and compassion. These are the same emotional gifts that you have to be willing to give yourself."

RECAP:
Leader highlights the main points from the group.

1. Members should have a better understanding of what part of their CPT account requires self- forgiveness, what values were violated, and if shame is present.
2. Members should understand that how they have engaged in decisional and emotional forgiveness.

HOMEWORK:
Leader offers members the opportunity to sign the Decisional Self-Forgiveness Contract. Leader invites members to sign the contract if they feel ready to forgive themselves. Leader conducts **Hand Washing Exercise**.

Example:
"This first assignment is optional. This is a Decisional Self-Forgiveness Contract. By signing it, you commit to giving up self-punishing thoughts and behaviors. You embrace the fact that you are not perfect and have made mistakes and that you are a valuable person regardless."

Leader writes BLAME on forearm or hand with permanent ink.

"By signing the contract, you declare that you are tired of carrying this (points at BLAME). *You declare that you are going to attempt to rid yourself of the negativity that comes with it. But signing it doesn't mean that it simply goes away.*

Leader uses damp cloth to rub the ink off. Shows members that BLAME still can be seen on arm/hand.

"Signing the contract won't make everything negative disappear but it signifies that you commit to trying to get rid of it which will continue to take time".

Leader hands out Emotional Self-Forgiveness Worksheet. This worksheet walks members through the process of emotional self-forgiveness. Members are encouraged to complete as much of the assignment as possible. All members should be able to do #1 and #2. Members ready or willing to start emotional self-forgiveness may be able to finish assignment.

Example:
"This next assignment walks you through the steps that will help you begin the process of emotional self-forgiveness. I want you all to work as far as you can through this assignment. Some of you may have decided that you want to be free of all the negative emotions, thoughts, and feelings associated with whatever wrongs you have been part of. Based on what we have learned, everyone should be able to finish #1 and #2. Those who are ready to try forgiving themselves, please go as far as can. Don't feel pressured to finish this assignment though. If you cannot honestly relate to what the question is asking you to do, stop."

** Permission was granted to use exercise which is can be found in the following:

Griffin, B., Worthington, E. L., Jr., & Lavelock, C. R. (2012). *Moving forward: Six steps to forgiving yourself and breaking free from the past (Self-directed learning workbook: An intervention designed to promote self-forgiveness)*. Unpublished workbook, Virginia Commonwealth University

Session 4: Commitment

GOALS

- Be able to understand what emotional self-forgiveness is.
- Be able to identify how shame and violated values contribute to trauma flowchart.
- Understand how committing to values and engaging in self-forgiveness can promote recovery from trauma.

MATERIALS

- Flowchart
- Commitment to Values Worksheet

SESSION SCHEDULE

Opening: 10-20 minutes

Leader welcomes members to final group and does homework check.

Example:
"Welcome back everyone. Today is our last group on self-forgiveness. I hope that this experience has been helpful for you but I also want to emphasize that self-forgiveness is an ongoing process that takes time. Today's group will focus on putting all the pieces together that we've learned and making a plan about what to do when you leave.

Homework Check

Leader asks group how many of them decided to sign the Decisional Self-Forgiveness Contract. Leader should make sure to ask question in a way that is not perceived as shaming to members who decided not to sign contract.

Example:
"By a show of hands, how many of you DID NOT sign the Decisional Self-Forgiveness Contract? Would some of you mind sharing the reasons why? There are no wrong answers and I appreciate your openness.

Leader takes an appropriate amount of time to discuss reservations of contract before moving on to Emotional Self-Forgiveness Worksheet.

Example:
"Thank you for sharing your reservations about signing the contract. I'm encouraged that you were self-aware enough to abstain from making that decision. However, that doesn't mean that you can't do it in the future. As you leave this place and rejoin your normal life, I hope that you are able to see that holding on to that self-blame restricts you from enjoying your life to the highest degree. Remember the basketball exercise. Maybe then you can return to this contract and commit to letting go".

"The next assignment was really tough and I didn't expect you to finish it all. How many of you were able to finish the entire worksheet?"

Leader uses the following questions to encourage discussion:

1. "How difficult were the first two questions in comparison to the last two?"
2. "How did you feel when working through the worksheet?"
3. "By a show of hands, how many of you were able to check 2 or more of the options in #3? 4 or more? 6?

Activity: Commitment to Values Worksheet (20-30 minutes)

Leader introduces activity. Members will write down the previously identified value(s) that were violated. Members are encouraged to write down ways that they can reinforce the value(s) that they violated. Spend enough time so that each member understands how to do it and is able to write down a few ways. Encourage them to continue brainstorming ways.

Example:
"We've already looked at proof that the values you believe to be violated have actually been upheld in your past. This exercise is going to help you identify ways that you can continue to uphold the values that you think were violated. Let's take a few minutes to finish the first section by writing down what our target value is. Next, move to section 2 and start thinking of ways that you can reinforce or strengthen that value."

Allow appropriate amount of time before moving on. Problem solve or answer any questions members may have.

Example:
"I know I didn't give you a lot of time, but this is an activity that I want you to continue to do when you leave here. It's an exercise that you can use over and over again. It doesn't matter if you didn't finish the exercise. It's a personal thing so I really want you to take the appropriate amount of time to fill it out. Let's move on."

Flowchart Walkthrough: (30-45 minutes)

Leader hands out flowchart and discusses how the concepts learned in group apply to each step. Refer to the following points in order to properly discuss flowchart:

1. **Traumatic Event**
   Event listed in CPT account.
2. **Violated Values**
   Participation in traumatic event causes member to feel like they have violated a core value or belief.
3. **Shame**
   Member feels shame because of violation.
4. **Negative Thoughts, Emotions, Evaluations**

Any combination of these aspects can result from shame of violation.

5. **Inability to consolidate even**
   Caused by strength of the negative cognitions, high personal standards, lack of flexibility to adjust expectations, and general cognitive dissonance between event and prior understandings of self. Which leads to……
6. **Negative behavioral patterns and coping styles**
   These include common symptoms of anxiety or depression which could also encompass self-harm or self-sabotaging behaviors such as excessive drug and alcohol abuse and risky behaviors.
7. **Endorsement of these patterns and coping styles may cause members to….**
   a. Violate more values
   b. Increase feelings of shame
   c. Increase or reinforce prior negative thoughts, emotions or evaluations.

Leader writes down the following terms on the whiteboard:

1. Decisional self-forgiveness
2. Emotional self-forgiveness
3. Commitment to Values

Leader asks members what part of the diagram each term needs to be in order to break the cycle. Allow members to respond. The best answer is the following:

1. **Decisional self-forgiveness: Violation of values**
   Rationale: If a person is able to consider the violation a mistake, then they may feel guilt and make reparative actions. If they cannot accept that, they have a higher chance of experiencing shame.

2. **Emotional self-forgiveness: Negative thoughts, emotions, and evaluations of self**
   Rationale: Once shame is experienced, the process of emotional forgiveness must be engaged in order to reduce and clear away those negative cognitions and emotions.
3. **Commitment to Values: Negative behavioral patterns and coping styles**
   Rationale: If a person lives in honor of their values, previous negative thoughts are robbed of their reinforcement and it becomes easy for a person to see violations as incidences rather than patterns.

CONCLUSION OF GROUP: (remainder of time)

Leader emphasizes the following points to group and encourages them to continue in the forgiveness process.

1. There is no standard response to a trauma experience.
2. Self-forgiveness takes time and is a process of being kind, empathetic, and merciful to your human nature.
3. You do not have to be a passive observer in this recovery. You are an active participant.
4. Recovery will have ups and downs.
5. Refer to your handouts when in doubt.

Example:
"I've really appreciated working with all of you and I hope that you have found some peace or hope in these groups. I want to make a few things clear before closing. Self-forgiveness is such a personal process, no one will go through this in the same way, even if they are witness to the same event. You have all learned that there are different values that we hold, different life experiences which effect how we respond. Forgiveness will not be the same between people."

"I want you all to remember what it was like to forgive your friend in the prior exercise that we did. All the kindness, sympathy, and love that you had for that person needs to be also given to yourselves. Some days will be better than others in this process. I encourage you to keep all the documents that we worked on and refer to them when you have low points."

"And finally, I hope you all realize that you are all active participants in this process. You can free yourself from this self-blame or shame that you have. But it requires you to be honest about the events, honest with yourself, and it takes effort. But the bottom line is, YOU make the difference here.

Forms:

GROUP I:

- Finding Forgiveness Exercise
- Shame vs. Guilt Worksheet
- What are Values Worksheet

GROUP II:

- Personal Values Worksheet
- ACT Cardsort

GROUP III:

- Forgiveness Exercise
- Decisional Self-Forgiveness Contract
- Emotional Self-Forgiveness Worksheet

GROUP IV:

- Flowchart
- Commitment to Values Worksheet

Finding Forgiveness

People employ similar methods to reduce injustice that results from interpersonal and intrapersonal offenses. But, not all approaches are ultimately beneficial. A variety of attempts to reduce injustice are described below, and two options are accurate definitions of forgiveness. Other descriptions are not quite right, and some are obviously wrong. Can you find the correct definitions of forgiveness? What other methods, if not forgiveness, are described? Select two options that best define forgiveness and record them at the bottom of the page.

1. Telling yourself that what happened wasn't that bad and you ought to move on

2. Forgetting that anything bad happened and pushing the event or relationship out of your memory

3. Return to the relationship

4. Accepting an excuse or explanation for what someone did or is doing to you

5. A voluntary release of your right to condemn and get revenge on the person who hurt you (or yourself) because you have different feelings toward the person

6. Tolerating negative things that someone has done or continues to do to you

7. Accepting people despite their flaws

8. Blaming and confronting the person who hurt you

9. Getting someone who hurt you to believe that everything is still okay

10. Getting even with the person who hurt you

11. Deciding to voluntarily give up your right to revenge against yourself and treat yourself as a flawed but valued person.

12. Having the other person apologize, express regret, or beg forgiveness until the balance of justice has been restored.

13. Relying on the legal system, karma, or divine justice to give offenders what they deserve

I choose _____ and _____ as the correct definition(s) of forgiveness. (You can see our responses of what each of these is by looking on the following page.)

Explanations for Non-Forgiveness Options

Here are reactions to each description on the previous page. First, reread the description. Then, read the reactions given below. Think about which reactions with which you most quickly identify. Do you believe forgiveness offers a better alternative?

1. D**enial** is a poor response. If you are hurt and you try to deny it, the denial almost never works. The hurt keeps resurfacing and you never seem to be free of it.
2. **Forgetting** is impossible. A memory has been formed. The memory may shift with time. It may change. Or the pain you associate with the memory may even diminish or disappear. But you simply won't be able to completely forget. The disturbing part of *trying* to forget is that the harder you try, the less you will succeed.
3. **Reconciliation** occurs when we continue in a relationship after an offense occurs. This is not forgiveness. You can *forgive* and reconcile the relationship or *forgive* and not restore the relationship when it dangerous to do so. Or you can *not forgive* but choose to interact with the person (and risk further hurts) or *not forgive* and not choose to interact.
4. **Excusing** (whether a valid excuse or explanation or an inadequate one) is not forgiving the person for hurting you and may set you up for further disappointment.
5. **Emotional forgiveness** acknowledges that a wrong was done but chooses not to seek revenge or continue condemning the person who hurt you. It is the experience of forgiving because you experience different feelings toward the person.
6. **Tolerating** negative things will not prevent an offense from happening again, and it will generally keep you angry and unforgiving.
7. **Accepting** someone (with or without acknowledging the flaws) is not forgiving. We can accept a person and not forgive a hurtful act by the person. Or we can forgive a hurtful act and still not accept the person.
8. **Blaming** a person or yourself for harm acknowledges the person's guilt but keeps negative feelings at the forefront. Confronting the person or yourself, which is directly talking about a hurt, might help the relationship (if the confrontation is done gently received without reservation). Confronting the person might also damage the relationship. Confronting is not forgiving.
9. **Deception** is getting someone who hurt you to believe everything is okay when you feel hurt. The deception might be done for good motives (such as to spare feelings or prevent being fired by a boss). Or the deception might have more undesirable motives (such as setting the person up so you can hurt him or her).
10. R**evenge** is getting even, not forgiveness.

11. **Decisional forgiveness** involves your pledge that your behavior will not be aimed at revenge against yourself and that you'll try to treat yourself as a valued and valuable person, even though you see your flaws.
12. **Getting Justice** by having the person apologize, express regret, or beg forgiveness might make you willing to put the offense behind you and might allow you to feel at peace. If the other person humbles himself or herself enough to satisfy your sense of justice, often the other person will feel resentful and feel that you might have asked for too much. Getting justice is not forgiveness.
13. **Vengeance**, not matter the point of origin, is not forgiveness. We continue to experience the negative effects of unforgiveness even after witnessing the suffering of a perpetrator.

Shame vs. Guilt Worksheet

Most people use the terms guilt and shame interchangeably. Listed below are some important factors which help determine the differences between guilt and shame. Please pay attention to these differences because it is very likely that one or more of these apply to the reason that you are here today.

1. Shame means "I am wrong." Guilt means "I did something wrong."

Shame hurts our self-image and our belief that we can change things we don't like about ourselves or our situation. Guilt is about feeling badly about a mistake or a specific behavior.

2. Shame does not lead to positive change; guilt does.

When we experience shame, we often will try to ignore or avoid whatever caused the shame. For example, when we feel shame about being overweight, we will avoid the gym or physical activity to avoid the feeling of shame. Guilt can inspire us to act differently in the future.

3. Shame always leads to disconnection from others. Guilt can lead to healing.

Confessing our errors allows us to be vulnerable with others, so guilty feelings can prompt us to build a connection through communication or changed behavior. Shame prevents us from feeling strong enough to confess our mistakes, making us defensive when others point them out.

4. Shame causes a person to hide because they fear how people will perceive them. Guilt is caused by breaking a rule or standard.

Shame promotes fear and withdrawal. Things that we have done or have experienced can lead us to fear that other people will perceive us as defective or broken.

5. Shame is internalized and deeply connected to sense of self. Guilt is temporary.

Shame-based comments appear to be accurate statements about our character or lack thereof. Those comments are easily internalized as truth, haunting us long after the comment was made. Guilt, on the other hand, fades with time or after corrective action is taken.

6. Shame is never healthy or useful. Guilt can be healthy and useful.

Often people will make shaming comments with the best of intentions, hoping the comment will inspire someone to change something. As mentioned above, shame has the opposite effect. Guilt, however, is a useful response. Be careful how you convey negative feedback – it will work better to simply state the harm caused than to shame the other person.

7. Shame is about causing pain for an individual. Guilt is usually associated with accountability.

Shame is about making someone feel unworthy, different, or inferior. Shameful comments are meant to hurt. Comments that create guilty feelings are about communicating pain or disappointment, without casting negativity on the person as a whole.

8. Shame underlies a host of psycho-social problems: depression, substance abuse, infidelity, etc. Guilt does not.

Since shame is based on negative assessments of a person's entire being, feeling shame can contribute to larger mental health problems. If shame makes us feel worthless, we are more likely to develop additional issues like drinking to excess or abusing drugs. Shame is a trap.

9. Shame = self-condemnation. Guilt = remorse.

*** Taken and adapted from http://www.ihrindy.com/7-differences-between-shame-and-guilt*

APPLICATION

According to what you have read, please identify whether the person in the following scenarios feels guilt or shame.

A. A man is in a bar and bumps into a woman causing her to drop her martini. He apologizes quickly, picks up her glass and offers to buy her a new drink.

B. While playing with his dog, a 5-year old boy steps on its tail, causing the dog to yip loudly. The boy's mother runs into the room and scolds him for being clumsy. The boy retreats to his room crying and avoids the dog for a long time

C. A man with a wife and two kids gets a two week notice from his job. He keeps this information to himself. On his final day of work, he tells his wife that he quit because of he was being harassed and unfairly targeted by management.

D. A young woman rear-ends another car at a 4-way stop. After making sure that no one is injured, the young woman offers to pay for the damages out of pocket because she is uninsured.

E. A pastor's wife decides to file for divorce. Shortly afterwards, the pastor quits his position in the church and leaves with little explanation.

F. A woman is sexually assaulted by an acquaintance. She decides not to report it and does not tell any of her friends and family. Shortly afterwards, she begins to engage in binge drinking.

G. A track and field athlete gets disqualified from a regional event which prevents her from going to the national competition. When the team starts to train the following year, she loses her temper when teammates ask her whether she is going to compete again.

H. A group of friends go turkey hunting every year. One of the stories that they reminisce about most is when one of the men shot a turkey that had run between him and another friend. He got the turkey but ended up hitting his friend as well, who jokes about his aim.

I. A little league baseball team is getting blown out during a state championship game. The pitcher is crying and refuses to walk back to the mound in the 9^{th} inning after giving up multiple runs in the 8^{th}. The team rallies around him and convinces him to finish the game.

What are Values?

Values

Values are traits or qualities that are considered worthwhile; they represent your highest priorities and deeply held driving forces. When you are part of any organization, you bring your deeply held values and beliefs to the organization. Values co-mingle with those of the other members of the company to create an organization or family culture.

Why Identifying and Establishing Values is Significant

- Values shape your behavior and influence your relationships.
- You use your values to make decisions about prioritize things in your life.
- Your goals and life purpose are grounded in your values.
- Values assist you in solving problems and meeting your needs.
- Values can shape how we identify ourselves.

Your values are made up of everything that has happened to you in your life and include influences from: your parents and family, your religious affiliation, your friends and peers, your education, your reading, and more. Effective people recognize these environmental influences and identify and develop a clear, concise, and meaningful set of values/beliefs, and priorities. Once defined, values impact every aspect of your life.

My Values

Use the blanks below to record some of your values. Try to list values according to ALL the different areas of your life; work, relationships, social, and family.

A. F.

B. G.

C. H.

D. I.

E. J.

Personal Values Worksheet

1. List your personal values according to the ACT card-sort exercise completed in group.

A.	F.
B.	G.
C.	H.
D.	I.
E.	J.

2. Consider the trauma accounts that you have been writing in the CPT groups. In those accounts, there are events in which you feel stuck, take blame, or feel responsible for the outcome. Which of the values listed in #1 were violated, ignored, or overlooked during the event?

3. Dwelling on negative thoughts and experiences can result in psychological issues and stress related health problems. It is common for people to ruminate on failures and perceived shortcomings while ignoring positive actions and strengths. Consider the violated, ignored, or overlooked value in #2. Describe the evidence that highlights how you have committed, reinforced, or embodied those values in your life.

A.	F.
B.	G.
C.	H.
D.	I.
E.	J.

Forgiveness Exercise

1. Highlight the words that relate to how you felt when you realized that someone you trusted had committed a transgression against you.

DEJECTED	OPTOMISTIC	DISAPPOINTED	SYMPATHETIC
DEFENSIVE	UNDERSTANDING	BETRAYED	RESENTFUL
BAFFLED	SHOCKED	MISLED	NEGLECTED
RELIEF	HUMILIATED	REJECTED	INSECURE
SUSPICIOUS	ACCEPTING	INFERIOR	KIND
ENRAGED	BITTER	SECURE	HOSTILE
HOPEFUL	VENGEFUL	DEMORALIZED	INDIFFERENCE
EMPATHY	UNIMPORTANT	OVERWHELMED	COMPASSION

2. Highlight the words that relate to how you felt when you chose to forgive the individual that wronged you.

DEJECTED	OPTOMISTIC	DISAPPOINTED	SYMPATHETIC
DEFENSIVE	UNDERSTANDING	BETRAYED	RESENTFUL
BAFFLED	SHOCKED	MISLED	NEGLECTED
RELIEF	HUMILIATED	REJECTED	INSECURE
SUSPICIOUS	ACCEPTING	INFERIOR	KIND
ENRAGED	BITTER	SECURE	HOSTILE
HOPEFUL	VENGEFUL	DEMORALIZED	INDIFFERENCE
EMPATHY	UNIMPORTANT	OVERWHELMED	COMPASSION

Self-Forgiveness Contract

I declare to myself that on _____, 20 ____, I intend to forgive myself for the wrong I did. By this I mean that I will not seek to revenge myself on myself by being punitive toward myself with self-hatred and self-condemning thoughts (at least as well as I am able). I also mean that I will seek to treat myself as someone who is imperfect and will, on occasion fail, and yet will seek to realize and say to myself that I still have value despite my imperfections and failures. Thus, I declare that, regarding this wrong that I did:

_____.

I will decide to forgive myself. I thus, declare myself forgiven, realizing that there is more to being free of feelings of unforgiveness that is still to be done.

_____ _____

Signature **Date**

_____

Witness

** Permission was granted to use exercise which is can be found in the following:

Griffin, B., Worthington, E. L., Jr., & Lavelock, C. R. (2012). *Moving forward: Six steps to forgiving yourself and breaking free from the past (Self-directed learning workbook: An intervention designed to promote self-forgiveness)*. Unpublished workbook, Virginia Commonwealth University

Emotional Self-Forgiveness Worksheet

Emotional forgiveness acknowledges that a transgression or wrong was committed. The process of emotional forgiveness requires the person to release their desire to punish, condemn, or get revenge upon themselves. At the same time, the individual replaces the negative emotions with compassion, empathy, love, and understanding. This worksheet will help you begin that process.

1. Acknowledge the wrong (fill in the proper blank)

I acknowledge that I committed the following offense:

_____

This offense was done **(circle one)** intentionally / unintentionally.

I could have done something to change what happened **(circle one)** Yes / No

If yes, then what: _____

My actions cause me to doubt whether I am **(violated value)** _____

2. Awareness of negative consequences

I know that these negative emotions, thoughts and behaviors are the result of the offense/event.

Emotions:

Thoughts:

Behaviors:

3. Releasing negative emotions and perceptions

I am ready to free myself from these negative patterns because I understand the following: **Place a check next to all of the statement(s) that apply to you:**

____ I understand that my actions in the offense DO NOT reflect who I am, but how I responded to a specific situation.

____ I am tired of carrying the burden of shame and self-blame around.

____ My actions violated a core value that I believe is very important to me. I know that I cannot change the past, but I can prove through further action that I honor that value.

____ I have hope that my future has opportunities for happiness, joy, and positive experiences.

____ My negative feelings are the result of a bad outcome which I was part of, but not ultimately responsible for.

____ I have let an experience define how I look at myself even when there is evidence that contradicts the negative thoughts and feelings.

____ I realized that I held myself to a standard that was impossible to maintain all the time and am willing to accept that making mistakes is part of being human.

____ I understand that doing “my best” does not mean “I will be perfect”.

____ I am worthy of forgiveness because I have accepted responsibility for my actions and the consequences.

____ I accept that the mistakes I made at the time, were regrettable but understandable considering the circumstances.

____ The shame that I have felt has caused me to withdraw, isolate, and prevented me from being fully available and present for my friends and family.

____ I am a valuable person who has unique traits and characteristics that are worthy of love and respect.

4. Replacing negative emotions with positive emotions and feelings

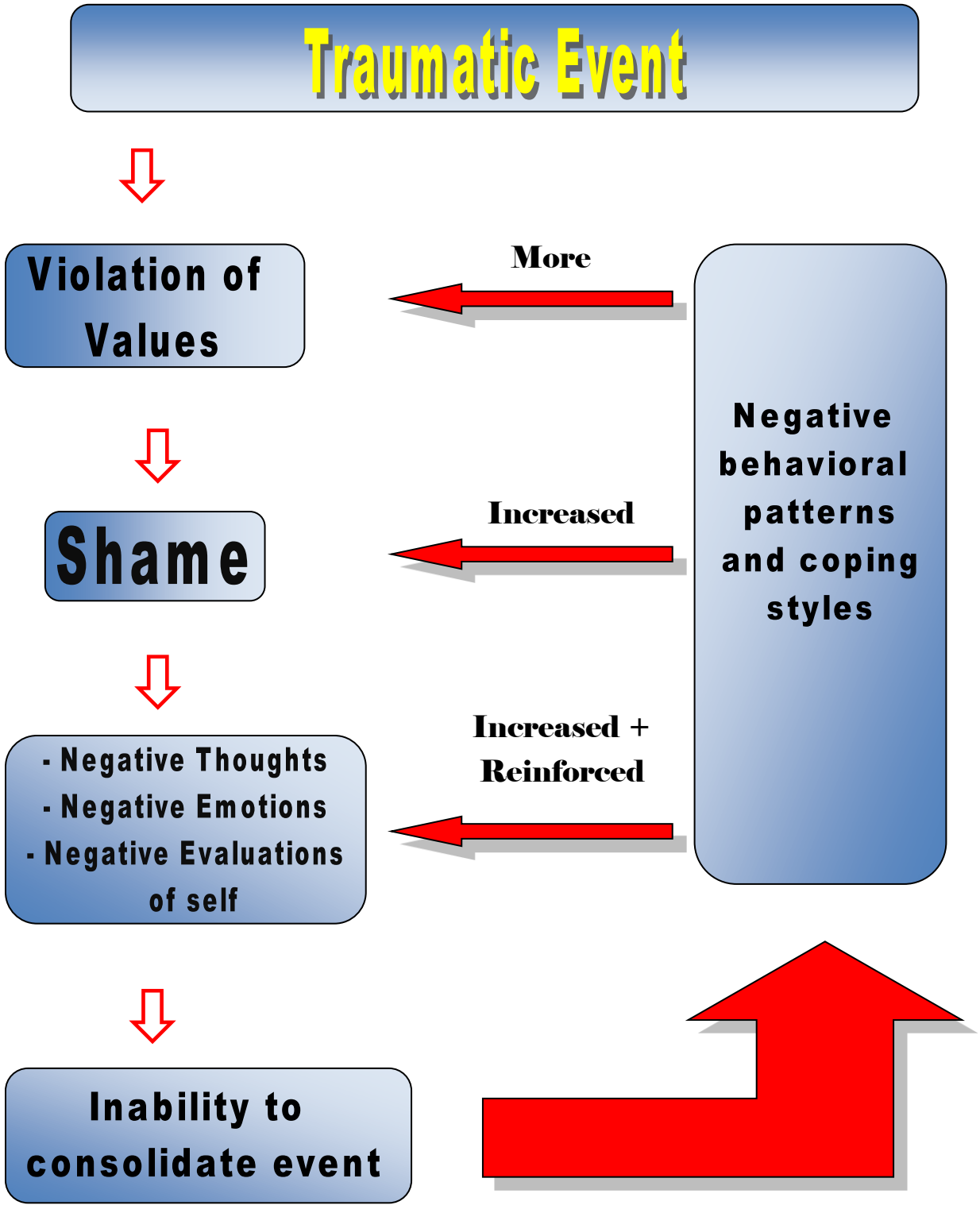
I understand from the Forgiveness Exercise that I may experience positive emotions from granting forgiveness when it is sought in earnest.

List emotions and feelings:

** Emotional forgiveness is not an event that happens and is finished. Emotional forgiveness is a process that begins whenever an individual begins to feel negative about things that they have done.

** Don't get discouraged if you cannot finish this assignment. Emotional forgiveness cannot begin unless you are ready to release the negative feelings. A person must understand #1 and #2 before moving onto #3 and #4.

Flowchart


Traumatic Event
Violation of Values
More
Negative behavioral patterns and coping styles
Shame
Increased
- Negative Thoughts
- Negative Emotions
- Negative Evaluations of self
Increased + Reinforced
Inability to consolidate event

Commitment to Values Worksheet

Please list the value(s) that were previously identified as violated or broken (Values may be from CPT account or from other areas of your life).

A.
B.
C.
D.
E.
F.
G.
H.

List activities or events that you could do that would reinforce, validate, or strengthen the violated or broken value. Reinforcement may be found socially, in relationships, family, spiritual or religious activities, hobbies, or work-related.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

Appendix B

Measures

State Self-Forgiveness Scale

Sometimes we do things that we believe are wrong, or that we later come to believe are wrong. These things may have been hurtful to someone else, something or ourselves. At this time, think of the *most significant* experience in which you did something you believe to have been wrong. Take a moment now to consider the circumstances of that event, and try to recall all of the details about what you did that was wrong.

The questions on this form should be answered according to your current attitudes about yourself in relation to the wrongdoing.

When answering the following set of questions, place each word in the blank in the sentence given. Then mark the circle that best describes how you **feel** about yourself right now regarding the wrongful event.

"As I consider what I did that was wrong, I feel _____."

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
... compassionate toward myself.	O	O	O	O	O	O
... rejecting of myself.	O	O	O	O	O	O
... accepting of myself.	O	O	O	O	O	O
... dislike toward myself.	O	O	O	O	O	O

When answering the following set of questions, please each word in the blank. Then mark the circle that best describes how you **act** toward yourself right now regarding the wrongful event.

"As I consider what I did that was wrong, I _____."

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree

... show myself acceptance.	O	O	O	O	O	O
... show myself compassion.	O	O	O	O	O	O
... punish myself.	O	O	O	O	O	O
... put myself down.	O	O	O	O	O	O

State Self-Forgiveness Scale – continued

When answering the following set of questions, please each word in the blank. Then mark the circle that best describes how you **think** about yourself right now regarding the wrongful event.

"As I consider what I did that was wrong, I believe I am _____."

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
... acceptable.	O	O	O	O	O	O
... okay.	O	O	O	O	O	O
... awful.	O	O	O	O	O	O
... terrible.	O	O	O	O	O	O
... decent.	O	O	O	O	O	O
... rotten.	O	O	O	O	O	O
... worthy of love.	O	O	O	O	O	O
... a bad person.	O	O	O	O	O	O
... horrible.	O	O	O	O	O	O

"As I consider what I did that was wrong, I have forgiven myself _____."

not at all	a little	mostly	completely
O	O	O	O

MIES

Instructions: Please circle a number to indicate how much you agree or disagree with each of the following statements about your experiences at any time since joining the military.

		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
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 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

Source: William P. Nash, Brett T. Litz. Public Domain

Reference: Nash, W.P., Carper, T. L. M., Mills, M. A., Goldsmith, A., Litz, B.T. (In Press). Psychometric evaluation of the Moral Injury Events Scale. *Military Medicine*.

Appendix: Experience of Shame Scale

Everybody at times can feel embarrassed, self-conscious or ashamed. These questions are about such feelings if they have occurred **at any time in the past year**. There are no 'right' or 'wrong' answers. Please indicate the response which applies to you with a tick.

	not at all (1)	a little (2)	moderately (3)	very much (4)
1. Have you felt ashamed of any of your personal habits?	( )	( )	( )	( )
2. Have you worried about what other people think of any of your personal habits?	( )	( )	( )	( )
3. Have you tried to cover up or conceal any of your personal habits?	( )	( )	( )	( )
4. Have you felt ashamed of your manner with others?	( )	( )	( )	( )
5. Have you worried about what other people think of your manner with others?	( )	( )	( )	( )
6. Have you avoided people because of your manner?	( )	( )	( )	( )
7. Have you felt ashamed of the sort of person you are?	( )	( )	( )	( )
8. Have you worried about what other people think of the sort of person you are?	( )	( )	( )	( )
9. Have you tried to conceal from others the sort of person you are?	( )	( )	( )	( )
10. Have you felt ashamed of your ability to do things?	( )	( )	( )	( )
11. Have you worried about what other people think of your ability to do things?	( )	( )	( )	( )
12. Have you avoided people because of your inability to do things?	( )	( )	( )	( )
13. Do you feel ashamed when you do something wrong?	( )	( )	( )	( )
14. Have you worried about what other people think of you when you do something wrong?	( )	( )	( )	( )
15. Have you tried to cover up or conceal things you felt ashamed of having done?	( )	( )	( )	( )
16. Have you felt ashamed when you said something stupid?	( )	( )	( )	( )
17. Have you worried about what other people think of you when you said something stupid?	( )	( )	( )	( )
18. Have you avoided contact with anyone who knew you said something stupid?	( )	( )	( )	( )
*19. Have you felt ashamed when you failed in a competitive situation?	( )	( )	( )	( )

*20. Have you worried about what other people think of you when you failed in a competitive situation?	( )	( )	( )	( )
21. Have you avoided people who have seen you fail?	( )	( )	( )	( )
22. Have you felt ashamed of your body or any part of it?	( )	( )	( )	( )
23. Have you worried about what other people think of your appearance?	( )	( )	( )	( )
24. Have you avoided looking at yourself in the mirror?	( )	( )	( )	( )
25. Have you wanted to hide or conceal your body or any part of it?	( )	( )	( )	( )

* Alternatives for populations where competition is not relevant:
19. Have you felt ashamed when you failed at something which was important to you?
20. Have you worried about what other people think of you when you fail?

PTSD CheckList – Military Version (PCL-M)

Patient's Name: _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the past month.*

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing *memories, thoughts*, or *images* of a stressful experience from the past?					
2.	Repeated, disturbing *dreams* of a stressful experience from the past?					
3.	Suddenly *acting* or *feeling* as if a stressful experience *were happening again* (as if you were reliving it)?					
4.	Feeling *very upset* when *something reminded* you of a stressful experience from the past?					
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?					
6.	Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?					
7.	Avoid *activities* or *situations* because *they remind you* of a stressful experience from the past?					
8.	Trouble *remembering important parts* of a stressful experience from the past?					
9.	Loss of interest in things that you used to enjoy?					
10.	Feeling *distant* or *cut off* from other people?					
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?					
12.	Feeling as if your *future* will somehow be *cut short*?					
13.	Trouble falling or staying asleep?					
14.	Feeling irritable or having angry outbursts?					
15.	Having difficulty concentrating?					
16.	Being *"super alert"* or watchful on guard?					
17.	Feeling *jumpy* or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-C for DSM-IV*. Boston: National Center for PTSD – Behavioral Science Division, 1991.

Appendix C

Curriculum Vitae

JOEL J. SNIDER

1401 North Springbrook Road, Apt #106
Newberg, OR 97132.
(541) 915-2351.
jsnider11@georgefox.edu
Last updated: 4/28/2015

· EDUCATION ·

2011 to present	**George Fox University** Graduate Department of Clinical Psychology (APA Approved) Newberg, Oregon Master of Arts in Clinical Psychology, anticipated in May, 2013. Doctorate in Clinical Psychology, anticipated 2016.
2003 to 2005	**University of Oregon** Eugene, Oregon Bachelor of Science in Psychology Substance Abuse & Prevention Certification
1999 to 2003	**Lane Community College** Eugene, Oregon Associate of Arts Oregon Transfer Degree

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· PROFESSIONAL AFFILIATIONS ·

2012 to Present	**American Psychological Association** *Student Affiliate*
2012 to Present	**Christian Association of Psychology Studies** *Student Affiliate*

2012 to Present **United States Navy (Medical Core)**
Reserve Officer

· AWARDS ·

2000 & 2011 **Bernice Polier Memorial Scholarship**
Awarded to a first or second year undergraduate or graduate student enrolled in a four year program.
Awarded by the Alvadore Christian Church & the Polier family

2012 **Health Professionals Scholarship Program**
Awarded to five doctoral students per year who are entering their second year of chosen doctoral program.
Awarded by Lieutenant Kevin Lelacheur. United States Navy

2012 **Diversity Scholarship**
Awarded to students who have a desire to serve diverse populations and bring unique cultural backgrounds to the field of psychology.
Awarded by George Fox University

· UNIVERSITY & COMMUNITY INVOLVEMENT ·

2012-2013 **Admissions Committee for GDCP**
Faculty Aid

2012 **Military Interest Group**
Student Member

2012 **George Fox Multicultural Committee**
Student Subcommittee Member

· CLINICAL EXPERIENCE ·

8/2015 to Current **Naval Medical Center Portsmouth**
Portsmouth, Virginia

Treatment Setting: Hospital (multi-clinic)

Population:	Active duty military, veterans, military dependents
Age:	18-60
Responsibilities:	**Outpatient:** Provide mental health services to individual patients using a short term model (8-12 sessions) to address wide range diagnoses and pathology. Conducted intake interviews, develop treatment plans, track patient progress using outcome measures (PHQ-9, GAD-7, PLC-M). Conduct risk assessments and refer as appropriate. Determine fitness for duty, write disposition summaries, and consult with parent commands. **Inpatient:** Conduct group therapy sessions; chemical dependency and trauma. Meet pt's in 1:1 sessions as needed. Participate in treatment planning and directing outpatient resources. Advocate for pt needs. Work within interdisciplinary team. **Assessment:** Conduct psychological assessments as needed. Cognitive assessments provided for neurological/cognitive issues, ADHD, and memory testing. Conduct group therapy sessions; chemical dependency and trauma. Write reports and consult with parent commands for disposition and suitability issues.

7/2014 to 5/2015	**Practicum III: Cedar Hills Hospital, Freedom Care Unit** Portland, Oregon
Treatment Setting:	Psychiatric/Rehabilitation Inpatient
Population:	Active duty military, veterans, military dependents
Age:	18-75
Responsibilities:	Conduct group therapy sessions; chemical dependency and trauma. Meet pt's in 1:1 sessions as needed. Participate in treatment planning and directing outpatient resources. Advocate for pt needs. Conduct psychological assessments as needed. Conduct intakes. Sensitivity to diversity issues required. Competence and knowledge of trauma and addiction issues within military culture.

6/2013 to 6/2014	**Practicum II: OHSU: Richmond Family Medicine** Portland, Oregon
Treatment Setting:	Medical/Primary Care
Population:	Low income and uninsured
Age:	7-90
Responsibilities:	Assist PCP's with warm hand offs, develop health goals for patients, and connect them with appropriate community resources. Referrals include; depression, anxiety, bipolar disorder, bereavement, gender issues, trauma processing, chronic pain, ADHD, and cognitive impairment.

	Cognitive assessment may be conducted to assist PCP's with identifying patient issues
Supervisor:	Marie-Christine Goodworth, Ph.D

10/2012 to 9/2013	**Practicum I: Behavioral Health Clinic**
	Newberg, Oregon
Treatment Setting:	Community Mental Health
Population:	Local residents, low income, and mandated from county court system.
Age:	7-80
Responsibilities:	Provide mental health services to couples and individual patients using a short term, solution-focused model; 50 minute sessions, 8 weeks. Conducted intake interviews, develop treatment plans, track patient progress using ORS/SRS scores. Cognitive assessments provided for neurological/cognitive issues, ADHD, and memory testing.
Supervisor:	Joel Gregor, Psy.D.

1/2012 to 5/2012	**Pre-Practicum: Therapy Provider for Undergraduates**
	George Fox University
	Newberg, Oregon
Treatment Setting:	University
Population:	College ages
Age:	17-22
Responsibilities:	Provide psychotherapy for university students, receive individual and group supervision that focuses on developing Rogerian therapeutic competency.
Supervisor:	Kim Kunze Psy.D. & Mary Peterson, Ph.D.

·SUPPLEMENTAL CLINICAL EXPERIENCE·

5/2013 to Present	**Providence Medical Center & Willamette Valley Medical Center**
	Newberg, OR McMinnville, OR
Treatment setting:	Emergency Department, Med/Surg, ICU
Population:	5-90
Responsibilities	Provide risk assessment and mental health consultation after hours,

	consult with law enforcement, work in collaboration with a large multi-disciplinary team, call for placements if hospitalization is needed, maximize resource available in the area and discuss appropriate discharge plans, provide clear and professional written assessments, and deliver concise case presentations each week.,
Supervisors:	William Buhrow, Psy.D., Joel Gregor, Psy.D., & Mary Peterson, Ph.D.

10/2012 to Present	**Behavioral Health Clinic: Long term therapy.**
	Newberg, Oregon
Treatment Setting:	Community Mental Health
Population:	65
Responsibilities:	Provide long-term therapy for client with a client with acute psychosis who requires a level of care outside of the short-term model in order to achieve gains. Treatment includes schema therapy, trauma interventions, anxiety reduction, building interpersonal relationships, developing effective coping strategies, and problem solving roadblocks to self-care.
Supervisor:	Joel Gregor, Psy.D., Carlos Taloyo, Psy.D.

· ASSESSMENTS ADMINISTERED ·

16 Personality Factor (16PF)
Denver Development Screening Test II
Family Adaptability and Cohesion Evaluation Scales IV (FACES IV)
Millon Clinical Multiaxial Inventory 3rd Edition (MCMI-III)
Mini-Mental State Examination, 2nd Edition (MMSE)
Minnesota Multiphasic Personality Inventory 2nd Edition (MMPI-II)
Minnesota Multiphasic Personality Inventory 2nd Edition, Restructured Format (MMPI-II-RF)
Peabody Picture Vocabulary Test, Fourth Edition (PPVT-IV)
Personality Assessment Inventory (PAI)
Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV)
Wechsler Individual Achievement Test, Third Edition (WIAT-III)
Wide Range Assessment of Memory and Learning, Second Edition (WRAML-II)
Wide Range Intelligence Test, Fourth Edition (WRIT-IV)

· RESEARCH EXPERIENCE ·

2015 *Moral Injury: Repair through Self-Forgiveness*
Snider, J.
Dissertation
Final defense anticipated for June 1st, 2015.

2015 *The Effect of Attendance at Faith Based Institutes vs. non-Faith Based Institutes on Sleep and Depression*
Burrell, J., Moore, C., **Snider, J**., Buhrow, B.
Accepted for Poster Presentation
Christian Association for Psychological Studies
Denver, CO (April 9th – 11th) 2015

2013 *Effects of Strength-Based Feedback at Intake on Therapy Outcome Measures*
Snider, J., Gregor, J., Satterlee, M., Payne, T.
Accepted for Poster Presentation
American Psychological Association
Honolulu, HI (July 31st - August 4th)

2013 *The Effect of Pre-Marital Education on Marital Communication*
Borelli, J., **Snider, J.,** Buhrow, B.
Accepted for Poster Presentation
Christian Association for Psychological Studies
Portland, OR (April 4th – 6th)

· PROFESSIONAL REFERENCES ·

Joel Gregor, Psy.D
Director of GFU Behavioral Health Clinic
503-554-2367
jogregor@georgefox.edu

William Buhrow
President of the Christian Association for Psychological Studies (CAPS), Dean of Students
503-554-2340
bbuhrow@georgefox.edu

Carlos Taloyo, Psy.D

Assistant Professor of Clinical Psychology & Director of Clinical Training
503-554-2383
ctaloyo@georgefox.edu

Transcripts available upon request.